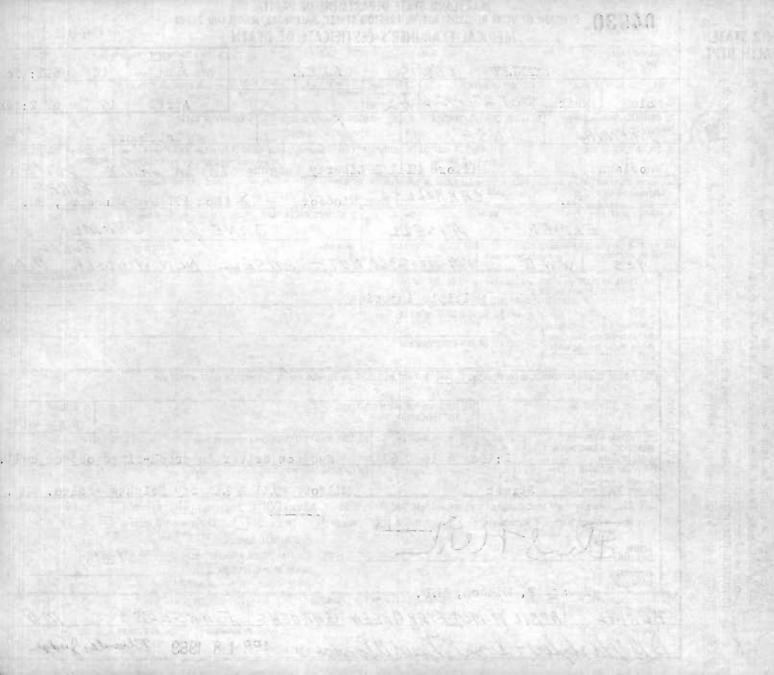
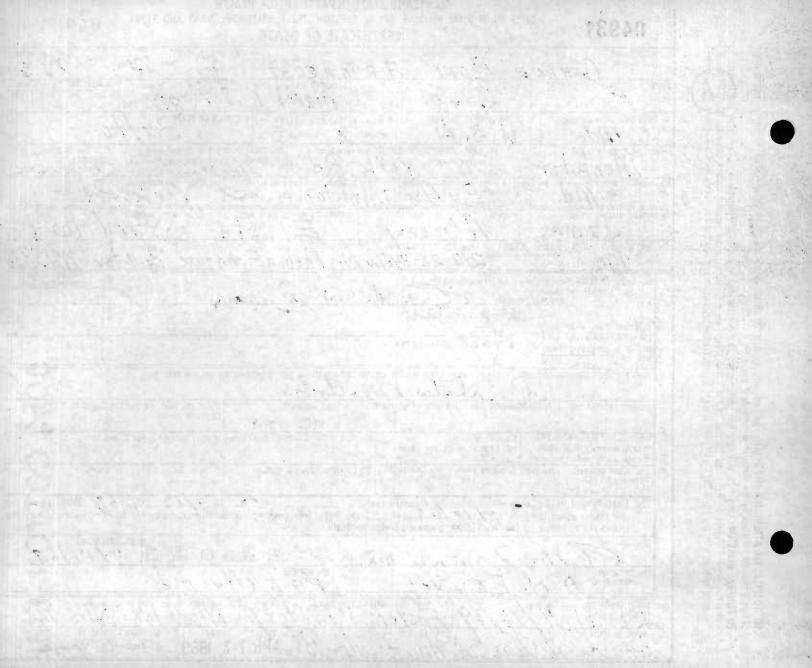
			ID STATE DEPARTMENT OF I		
011	04927		301 W. PRESTON STREET, BALT		
13			CERTIFICATE OF DEATH		4920
within 24 hours after death. lely filled in by the funeral bon papers. Pages 1 and 2 within 72 hours after death.	1. DECEASED-NAME First (Type or print)		Lost	20. DATE OF DEATH	Yeor 2b. HOUR
de de de	PAU		ADLER	APRIL *27, 1989	
fter es l uffe	3. SEX	4. RACE	S. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS
rs a	MALE	WHITE	9/19/19	last birthday) YRS.	JAMES TO STATE OF THE STATE OF
A Pour	7o. BIRTHPEACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
d irr	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md.
filled pape	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ate be executed within icion and completely fease remove carbon and in any event, with	FORT HOWARD	VETERANS ADM	IN. HOSPITAL SOC	ost of working life, even if retired.) IAL WORKER	INDUSTRY
e executed with ond completely remove corbon in any event, with	13o. USUAL RESIDENCE (Where deced odmission) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	
executed and comple emove cal any event	MARYLAND	ISB. COUNTI	BALTIMORE YES N	°□ 1701 EUTAW PI	ACE
\$ 6 B B	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F	First Middle	Lost
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ertificate by physicion on nen please noval, and is	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
tific ohys on p	Yes, no, or unknown) (If yes give	WII 212 01 66	35 CLINICAL RECORD	DS, VAH, FT. HOWAR	D. MD.
oer The The	1B. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e deoth cer attending p permit. The	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0)MYOCARDIA	TNEARCTION		DAYS
ne deotl attendi permit. ion, or r	4109	DUE TO, OR AS A CONSEQUENCE OF			
t the the sit p	Conditions, if gny, which gove		LEROTIC CARDIOVASCU	TAR DISEASE	YEARS
that n. 3y t ans rem	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		Eld. Daoli Col	22.00
es sicio ed led la	last.	(c)			
The law requires that the deoth certificate be ottending physicion. has been signed by the attending physicion or se as the burial-transit permit. Then please rith prior to burial, cremotion, or removal, and in	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(o)	
ng en en to k				A A CONTRACTOR OF THE STATE OF	
law endi be be is the rior	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
The offer of the p	OFREBRAL VASCI		YES NO X	CAUSES OF DEATH?	
PHYSICIAN: The law recontrol of the state of			21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2, Ite	m 18.)
itfic d fo of H	OR CONTRIBUTING CAUSE OF DEA		9		
responding the control of the chemical potential of the control of		PLACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County Stote
he he this leta	While Not while ot work	COTTICE BUILDING, ETC.			
DING J by t After J be o State	22a. I certify tha PCPA (th	is haspital) attended the decease	ed fram APR 22 , 19	59 , ta APR 27 19 6	9 , that (We) last
ed bed lid k	saw the deceased o	live an APR 27	969, and that in (xxx) (aur) api bady after death.	nian death accurred an the date	and haur and fram the
TOR Point H	22b. SIGNATURE	e, K) (we) (did) (dicknown view the	bady after death.		
REC 3 s lwi	220. SIGNATURE	- NA D.D.	ATTENDING N		TE SIGNED
Dell' pe	22d. PHYSICIAN'S	p. M. Clamos	DEGREE PHYS. D	RECTOR PHYS. 4/	27/69
RAL RAL be f		LIP M. ASHMAN, M.D.		HOUADD MD	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		DAYE 1 102- WHAT OF	CEMETERY OR CREMATORY	HOWARD, MD. 23d. LOCATION (City or Town)	15 15
oage dire	REMOVAL (Specify)		HEBREW CONG. CEM.	BALTIMORE, MD.	(County) (Stote)
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	0	04928	DIVISION OF VITAL RECORDS		STON STREET, BALT	rimore, MA	ARYLAND 212	01 04	4921	
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ı		FEMALE	CAU		6-02-04		last birthdoy)	YRS.	NTHS DAYS	HOURS MIN
	7o.	BIRTHPLACE (Stote or foreign ntry) Md.	76. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY O		r	14.17.11	1.
			U.S.A.	WIDOWED			IMORE C			M
	T	CITY OR TOWN OF DEATH OWSON, MARYLA	11. NAME OF HOSPITAL OR IN give street oddress) GRTR. BALT	O_MED	CNTR during m	occupation of working Clerk	N (Kind of work of g life, even if retin	done 1	12b. KIND OF E INDUSTRY Stor	
-	13o. odm	USUAL RESIDENCE (Where deceosed ission) STATE	d lived, if institution: Residence before 136. COUNTY	13c. CITY OR T	OWN 13d. INSIDE CITY (LIMITS? 13e. S	TREET AND NUMBI	ER		
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	13		?	0.00			?			2031
		WAS DECEASED EVER IN U.S. ARME (exp) or unknown) (If yes give war	D FORCES? or doles of service) 16b. SOCIAL SECURITY 213-03-63		ormant na Jackson	1355 W	. 42nd S	t.	1	
		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), ond (c)	1.)						MATE INTERVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIO RESPIRATORY FAILURE								DIATE
		1621	DUE TO, OR AS A CONSEQUENCE OF			730				
		Conditions, if ony, which gove rise to immediate couse (o).	(b) CA OF LUN	G, BRA	IN METAST	ASIS			6 MOI	NTHS
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF							
		lost.	(c)							
		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO 1	HE TERMINAL DISEASE OR	CONDITION GIV	EN IN PART I(o)			
	TION	19o. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PE	REORMED	20o. AUTOPSY?	205	F YES, WERE FINDI	NGS CONS	IDEDED IN CE	DTIEVING
	CERTIFICATION	170.00	The state of the s		YES NO X		S OF DEATH?		PEREN IN CE	ATT / INO
I		210. ACCIDENT WAS UNDERLYING		21c. HOW	INJURY OCCURRED (Ente	-	ury in Port 1 or Po	ort 2, Item	18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Doy Year P.M.	60				-,	,	
	MEL		LACE OF INJURY (AT HOME, FARM, STREET, FA		TION Street or R.F.D. No	o. Cit	y or Town	C	ounty	Stote
		22a. I certify that (I) (this	hospital) attended the deceas	ed from 2 -	11 19	69, ta 4	1-15	. 1960	, that	(I) (we) la
		saw the deceased aliv	hospital) attended the deceas	9 69, and	hat in (my) (our) op	inion deoth	occurred an th	ne dote	ond hour o	ind from th
		couses stoted above,	(I) (we) (did) (did nat) view the	body atter de	ath.			00 0	SIGNED	
1			Chor M.	DEGREE	ATTENDING A	MED.	STAFF A	22c. DATE 4-]	L5-69	
ı		22d. PHYSICIAN'S	· choi file	DEGKLE	PHYS. D	DIRECTOR L	PHYS.			
			CHOI M.D.		2-0. 1001123					
	23α	BURIAL, CREMATION, 23b. DA	23c. NAME OF	cemetery or ce	EMATORY	23d. LOCATI	ON (City or Town)	(0	County)	(Stote)
			23c. NAME OF S	t. Mary	8		Balto. M	ld.		
		FUNERAL DIRECTOR	ADDRESS		2So. REC'D E	REGISTRAR	25b. REGIST	RAR'S SIGI	NATURE	2.
		Paul E. Chenowe	th 3rd. 3617 Ches	tnut Av	DAAPR	17 191	00	1	10	

11	6 1		OZODO DIVISIO			E DEPARTMEN		ADVIAND 21201			
FOR STAT	F		04930 DIVISION				, BALTIMORE, MA			04	4923
HEALTH DE			CEASED-NAME First		Middle	IN 5 CENTILIN	Lost	2o. DATE KNOW! OF ESTI-	Month	Doy	Yeor 2b. HOUR
is to af af		(1	ype or Print)	TANLEY	LEWIS	AN	SELL	OF ESTI- DEATH MATED	4	16	19692:15
Po Po		3. SI		S. DATE OF BIRT	H 6. A0	GE (In years IF UNDER t birthday) MONTHS		HRS. 2c. DATE PRONOL	INCED DEAD		2d. HOUR
ony deloy is 2, and 3 to PM3. Poge	2000		Male White	OCT 27	1926 4	2 YRS.		Month Apr	il Doy	16 Year	or 19 69 2:1/5
n F. 2,	de l	7o. I	-1 -	7b. CITIZEN OF WHA				COUNTY OF DEATH		15 1	10 Table 1
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after death 8. Give Paga alang with with the sta	ment of		TY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR I reet address)	NSTITUTION (If not in	hospital 120. USU	AL OCCUPATION (Kind o	f work done	12b. KIN INDUSTR	ND OF BUSINESS OR
er d ive ig w	00		lood1awn	Mi	ilford Mil	11 & Liber	ty Heights	ost of working life, even	DRIV	EK	DRIVER
afte alan with	death	130.	USUAL RESIDENCE (Where deceormission) STATE	Jab. COUNTY	ARROLL					/	PURAL
hours Hear 1 Office	P 0	14 F	ATHER'S NAME First	Middle	Lost		204	Box 177	New V	Vinds	
INER: This certificate shauld be executed within 24 haurs after death as the certificate, writing the ward "pending" in pencil (in them 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office, along with farm files.	after 2	176 1	ELME		ANSEL			ANE	CI	PAM	1ER
il in ner's	hours		VAS DECEASED EVER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY				DDRESS	h	PURAL
with pen cami	72 h	(Y	es, no, or unknown) (If yes give	wor or detes of service)	179-20-3	361 RUT	H ANSE	ELL NEY	V WIN		
ed of in in it. Fi	hin		IB. CAUSE OF DEATH (Enter on	nly one couse per lin	e for (o), (b), ond (c)	.)	Blazille.	The laborate		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ecut ling edice	×		PART 1. DEATH WAS CAUSE	ATE CAUSE (o) ME	ıltiple ir	njuries					
ex f Mend f Mit p	ent		Conditions, if ony, which gove	DUE TO, OR A	AS A CONSEQUENCE O	F					
d 'p d 'p Chie	ve /		rise to immediate couse (a),	(b)						-	
aula war he he	an		stoting the underlying couse lost.	DUE TO, OR	AS A CONSEQUENCE O	t .					
sh he to t	u p		PART 2. OTHER SIGNIFICANT COND	(c)	IC TO DEATH BUT NO	T DELATED TO THE TER	MANAL DISSASS OD CON	IDITION OPEN IN COST	14.)		
DEPUTY DICAL EXAMINER: This certificate shauld be executed within sessary, please execute the certificate, writing the ward "pending" in pencil e funeral directar. Page 4 shauld be farwarded to the Chief Medical Examine may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pag	ar remaval, and in any event within 72		TAKE 2. OTHER SIGNIFICANT CONL	CONTRIBUTIONS CONTRIBUTIONS	IG TO DEATH BUT NO	I KELATED TO THE TEK	MINAL DISEASE OR CON	NUTTION GIVEN IN PART	1(0)		
writi war	ava	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR					20	0. AUTOPSY?
te, far	rem /	TIFIC			WAS PERFORMED	?					YES NO
Th ifica if be	5		210. EXTERNAL CAUSE WAS		NJURY Month, Doy, Ye	or 21c. HOW IN	IJURY OCCURRED (Enter	noture of injury in Por	t 1 or Port 2,	Item 1B.)	
INER: e cert shaulc files. 3 shau	ian,	MEDICAL	PRIMARY [] OR CONTRIBUTING [CAUSE OF DEATH	2:15%	4 16 19	69 S	ubject dri	ver in tru	ck-fi	sed o	bject coll
MIN the the the the the	crematian,	ME		PLACE OF INJURY (A	t home, form, street,	21f. LOCATIO	N Street or R.F.D. No.	City or Towr	1	Count	ty Stote
EPUTY DICAL EXAMINER: ssary, please execute the certifuneral director. Page 4 shauld by be retained for your files.	34		AT WORK AT WORK	Street				& Liberty	Heigh	ts B	alto. Md.
:AL EXA execute ir. Page d for yau	prior to burial,		22a. I certify that I t					Inspection,	Inquiry [and in my opinion
JTY DICA ITY, please e. eral director. be retained	pq		death resulted fram:	Natural cause	es Accider	nt XX, Suicide	, Hamicide	, Undetermin	ed manne	r 🔲	
please direct	r to		ACTUAL S	1-11	1,0		CHIEF MEDICAL EX	_			
TY. Peral	pric		SIGNATURE) ' '		M.	υ.	L EXAMINER XX	22b. DAT	FIGNED.	9
O DEPUTY necessary, the funera 5 may be 0 FUNERA	Health F		EXAMINER'S NAME (Type)				DEPUTY MEDICAL E	ty, town, or county)	-		
rece the 5 m	Hea	230	BURIAL CREMATION, 1 23b.	F. Wilso	DI JOSE NAME OF	CEMETERY OR CREMA		23d. LOCATION (City o	r Town)	(County	(Stote)
	13.3	-	REMOVAL (Specify)	PRII 19.1			ARDENS	FINKSL			mb
			FUNERAL DIRECTOR	11-11-11	ADDR		2So. REC'D B		. REGISTRAR	S SIGNATU	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04927 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First Middle Lost 20. DATE KNOWN 2h HOUR Month Yeor deloy it and 3 to Poge ESTI-(Type or Print) OF o DURWOOD ASHWORTH DEATH MATED X 19 and 2 with the Stote Department 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH AGOHDALO 2, a. P.M3. P lost birthday) Doy 8 1-20-1914 Yeor male white 1969 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9. COUNTY OF DEATH 18. Give Pages 1, a country) Virginia U.S.A. Raltimore DIVORCED [WIDOWED [12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY deoth 28 give street oddreg bseph's Hospital Towson Cost Analyst Railroad 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER Visb. Bantimore odmission r Wand Govans YES NO X 405 Croydon Road hours Item-Office ofter 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lawrence Wellington Ashworth Maude Ashworth hours the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes give war or dates of service) 718-16-8275 Mrs. Lillian Ashworth 405 Croydon Rd. 21212 within be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) event 1 DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removol, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, This YES NO T pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 0 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremotion, P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town Stote County foctory, office building, etc.) moy be retained for yaur FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK funeral director. Poge 22a. I certify that I tank charge of the remains described above, held an Autopsyx 1. Inspection Inquiry / and in my opinian Accident . Suicide Natural eauses X Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 4/28/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner 5 moy ro FUNE Heolth ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (Stote) REMOVAL (Specify) 5-2-1969 Buria Westhampton Memorial Park Richmond, Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) 1969 Eliantes Judge Wm. Cook-Brooks Towson 1050 York Road 21204 10M REV 1/68

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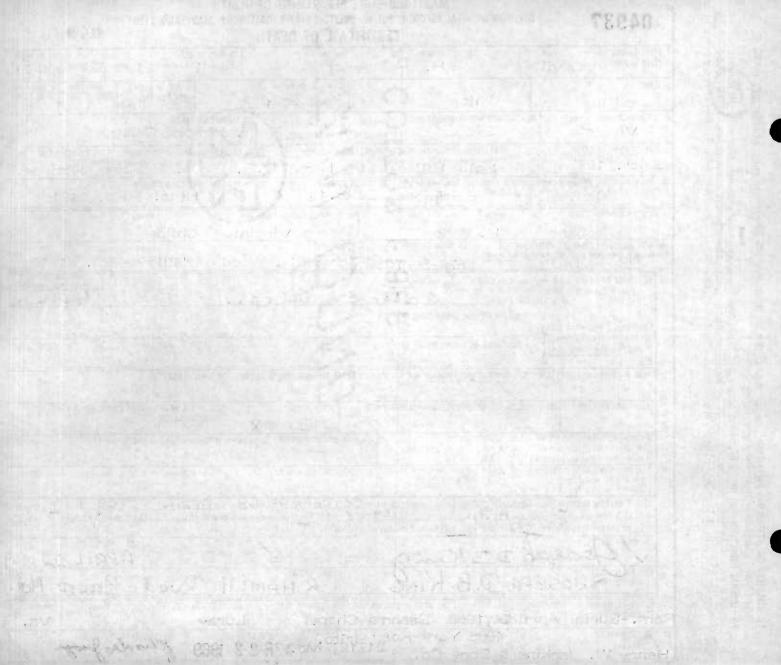
MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04935 04928 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 hours after deoth AVARITT (Type or print) RICHARD A. 4. RACE WHITE 3. SEX MALE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years birthdoy) 11/3/26 rsician and completely filled in by the please remove corbon papers. Put, and in any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH U.S.A. BALTIMORE PENNSYLVANIA WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) SHIPYARD CORT HOWARD 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MARYLAND 13b. COUNTY BALTIMORE Chase certificate for executed 13e STREET AND NUMBER YES X NO X 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost MAMIE DOMBROWSKI AVARITT Ollie physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) CLIN. RECORDS, VA HOSP. FT HOWARD, MD. cremation, or removal, 218 22 58 70 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH the deoth PART I. DEATH WAS CAUSED BY permit. BRONCHOPNEUMONIA, BILATERAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) CIRRHOSIS OF LIVER burial-transit thot rise to immediate couse (p). þ DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the k Health prior to b 4 moy be retained by the hospital or oftending 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [be detached for use Stote Dept. of Health TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HDME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while of work 4/26/69 22a. I certify that (IX) this haspital) attended the deceased framsaw the deceased alive an 14,30,69 19 ..., a , and that in (aur) apinian death accurred on the date and have and from the director, page 3 should should be filed with the causes stated abave, (we) (did) (and to) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 69 ATTENDING DEGREE PHYS DIRECTOR JOHN D. TALBERT, M. D. 22e. ADDRESS VAH FT HOWARD, MARYLAND 23b. DATE 5/3/69 23d. LOCATION (City or Town)

BALT IMORE MD. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAR STAIT HOLLY HILLS CEMETERY JOHN J. ADDUDA FUNERAL HOME REUD BY REGISTRAR 196825b. 24. FUNERAL DIRECTOR VR A15 (4) 7922 WISE AVENUE, DUNDALK MAD. 45M

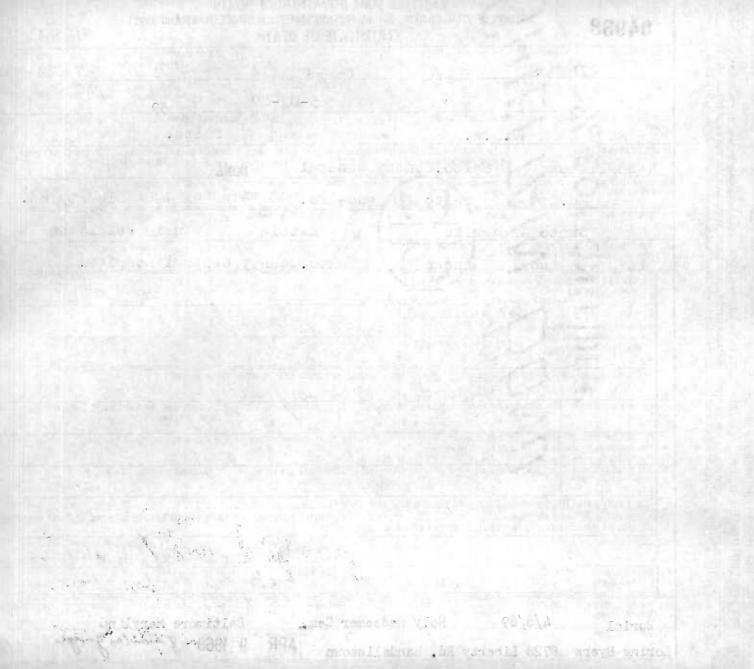
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2	MAKTLAND STATE DEPARTMENT OF HEALTH					
		04936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04020			
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tificote hysicion n pleas val, ond	160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 10b. SOCIAL SECURITY NO. 215-07-1506D 17. INFORMANT 7918 doings 7918 doi				
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. **IRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral end 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 ad with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arters Scherch Carlos resulter disease DUE TO, OR AS A CONSEQUENCE-OF.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physicion. 5 FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		22a. I certify that (I) (this hospital) attended the deceased from 2, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	9, that (I) (we) last and haur and fram the			
OR AT OR AT DIRECTO DIRECTO 39 3 sh ded with		HELDING DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	2 6/6 9			
TO HOSPITAL Poge 4 moy b TO FUNERAL D director, pag		22d. PHYSICIAN'S NAME (Type) E. LASAITI'S, M.I). Belt were had 20	228.			
	230.	3. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (Stote)			
2 2 2	24	REMOVAL (Specify) Burial April 30, 69 Lorraine Park Cem. Baltimore Maryland ADDRESS.				
VR 45 (4)	24.	Loung Byers. Liberty Rd. 250. RECORD BY REGISTRAR 256. REGISTRAR'S SIGNARY BY AREA 1969	o Judge			

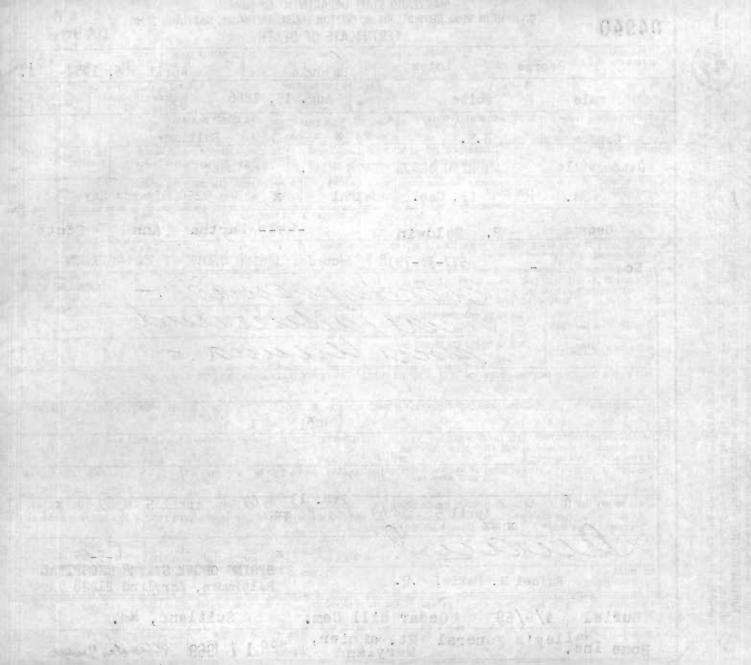
7 17		04937	DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET, BALT TIFICATE OF DEATH		04930
death.	(ECEASED-NAME First Type or print) Orvil		Aylor	20. DATE OF DEATH April Month 21 Doy	69 Yeor 415 PM
s after is offer is offer is offer in the state of the st	3. 5	Male	4. RACE White	5. DATE OF BIRTH 4-20-188	last hirthday) M	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
24 haurs after ed in by the repers. Ages in 72 haurs after	can	BIRTHPLACE (State or foreign Natry) Vinginia	USA	ARRIED NEVER MARRIED DOWED DIVORCED	9. COUNTY OF DEATH Baltimore County	√ Md.
executed within 24 and campletely filled in Temave carban paper on any event, within 72	E	Salto. 12	11. NAME OF HOSPITAL OR INSTITUT give street address) HOLLY HILL Nur	sing Home duling re	AL OCCUPATION (Kind of work done ost of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY 9, Retired
executed within campletely fille	adm	ission) STATE Md.	sed lived, if institution: Residence before 13c.	CITY OR TOWN Balto. 10 YES NO	MITS? 13e. STREET AND NUMBER 4 Hillside Ro	21210
and in any	14.	FATHER'S NAME First Robert	Middle Last H. Aylor	Is. MOTHER'S MAIDEN NAME F		Last
tificate be hysician on please val, and in	160	was deceased ever in U.S. AR es, ne prunknown) (If yes give	MED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT SgRichard H. W	Address	Rd. 21210
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and companies 3 shauld be detached far use as the burial-transit permit. Then please remained with the State Dept. af Health priar to burial, crematian, ar remaval, and in any		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	nly ane cause per line far (a), (b), and (c).) D BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	ic ulco	~	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH 6
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PERFORE	YES NO		
SICIAN: spital ar artificate ed far u	MEDICAL CE	210. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Manth Day Yeor ner) P.M. 19		r noture of injury in Part 1 or Part 2, Ite	
G PHY:	>	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.			Caunty State
TTENDIN ined by OR: After auld be		22a. I certify that (I) (the saw the deceased of causes stoted above	is haspital) attended the deceased fr live on APRIL 19 e, (I) (we) (did) (did nat) view the bady	om OCTOBER 2319 C 1, and that in (my) (our) opi after death.	nion deoth occurred on the dote	ond hour and from the
L OR AI y be refer DIRECT		22b. SIGNATURE 22d. PHYSICIAN'S	of DB/King	DEGREE ATTENDING PHYS. N	NED. STAFF 22c. DA	RIL 22 1969
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page	230	NAME (Type) 3051	EPH D.B. KING DATE 123C. NAME OF CEME	IERY OR CREMATORY	111 Road - F	BALTO. Md.
TO H Page TO Fig sha	Re		oril 24,1969 Beahn	ns Chapel	Luray	(County) (State)
VR A15 (4) 45M - 1/69			4905 Yorkor Co.	21212to Man APR 2	2 1969 gelione	Judge



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04939 04932 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH death. 2b. HOUR (Type or print) Month man within 24 haurs after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS campletely filled in by 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED cauntry) WIDOWED Z DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) burial, crematian, ar remaval, and in any event, witl Ovenson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Last AETJER attending physician or nermit. Then please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war ar dates of service) Yes, no, grunknown) Mus denors APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 5. C.V.P. 3 years signed by the burial-transit p Conditions, if ony, which gave: rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO M 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21e. PLACE OF INJURY City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 17 fam., 1967, ta_5 after 1960, that (1) (we) last saw the deceased alive an 3 fam. 1977, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, EREMATION (State) (County) REMOVAL (Specify) MOUNT, CEMETERY 0



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2a. DATE KNOWN Day Year (Type or Print) OF ESTI-DEATH MATEO PApril RI CHARD BARANOWSKI N. Page o delay and 3 6. AGE (In years Department 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. OATE PRONOUNCEO OFAD 18 vi Male White April 15,1921 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Baltimore. Give Pages 1, Maryland USA WIDOWED DIVORCED [and 2 with the Sta 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) Touch Eastdale Roa d during most of working life, even if retired.)
Route Salesman-Ice INDUSTRY Cream Co. Baltimore (Essex) 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore admission) STATE 7746 Eastdale Roa d Baltimore YES NO S Herri La Office after First Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Joseph Baranowski Beatrice Drozdowski .⊑ pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within in pencil (Yes, no or unknown) (It yes give war or dates of service) 213-14-3859 Mrs. Anna T. Baranowski (Same APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). This certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, nsed CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 pe NO F 0 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Doy, Year should MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. cremotion, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry V and in my opinion the funeral director. death resulted fram: Natural causes Suicide [Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 may be reto TO FUNERAL DII Health prior t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Booto eningion to NAME (Type) / IELV 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 4/28/69. Oaklawn Cemeterv Baltimore, Md. 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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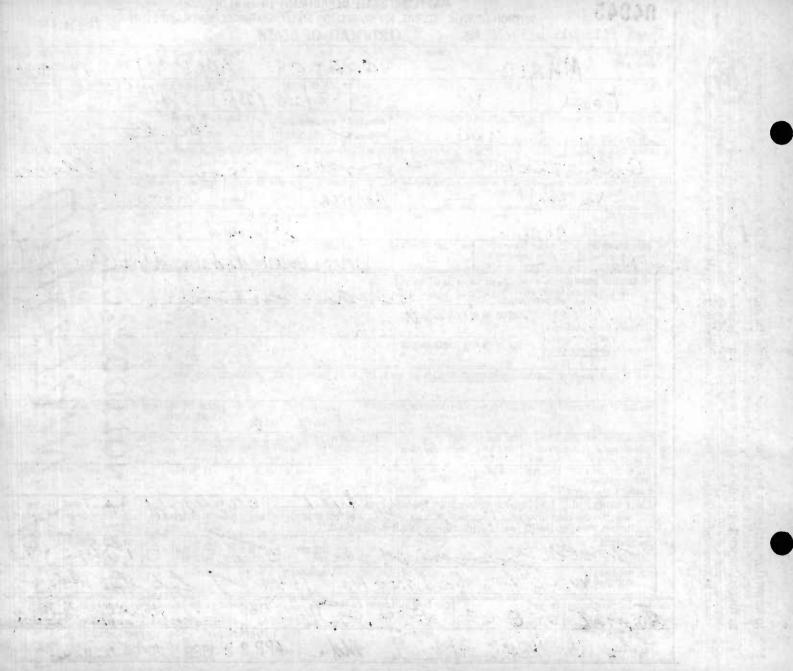
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	
1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE Maryland b. COUNTY B	04937 Residence before admission Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeyville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	L and give nearest town)
Powers Avenue Powers Avenue	ON A FARM? YES NO
3. NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) Rebecca O. Barbour DEATH April 14	Day Year 19 69
remaile white widowed Divorced reducing 13, 1000 03 yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR NDUSTRY NOUS RUYLE 11. BIRT HPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Joseph Eaton Margaret Rice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) None Address	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Underlying cause last.) (c) PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
	ounty) (State)
21. I certify that (I) (this hospital) attended the deceased from June 10, 1966, to	the date stated above
22c. PHYSICIAN'S Theodore G. de Leveto, NP. 22d. ADDRESS NAME (Type) Theodore G. de Leveto, NP. 22d. ADDRESS 13 Horasil Rd. Lusherville 114	. 21093
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Poplar Grove Cemetery April 17, 1969 April 18, 1969 April 1	aryland
John Burns' Sons, Towson, Maryland DATE APR 1 8 1969 JClio	was ander

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Surial April 17,1759 Poplar rove Cometery Governille, anulant John Surna' Sono, Tourson, Pareland

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		04947	DIVISION OF VIT			LTIMORE, MARYLAND 2	1201	
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I		1 11 1	irst	Middle	Lost	2a. DATE OF DEATH		2b. HOUR
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I	3. SE)	M	4. RACE		5. DATE OF BIRTH	6. AGE (In last birth	day) Months	YEAR IF UNDER 24 HRS. OAYS HOURS MIN.
	70. 8 caun	RTHPLACE (State or foreign by)	7b. CITIZEN OF WHAT C	OUNTRY? 8. MARR WIDOW	ED NEVER MARRIED DE DIVORCED DE DIVORCED	9. COUNTY OF DEATH	inso	Mo
Ī	10. CI	TY OR TOWN OF DEATH Keyville, Ma	. I give street	F HOSPITAL OR INSTITUTION	retinhospitol hording	SUAL OCCUPATION (Kind of wo most of working life, even if	retired.) 12b. KIN INDUST	ND OF BUSINESS OR
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Ī		ATHER'S NAME FIRST	Middle	Lost	15. MOTHER'S MAIDEN NAM	E First	Middle	Last
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ſ		WAS DECEASED EVER IN U.S.	ARMED FORCES? live war or dates of service)	SOCIAL SECURITY NO. 64	7. INFORMANT	, A	Address	01.0
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	7	 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAI 	only one couse per line for USED BY:	(o), (b), ond (c).)	. 0	•		WEEN ONSET AND GEATH
			EDIATE CAUSE (a)	Oronche	ogome	arcinomo		bruss
		Canditians, if any, which ga	DUE TO, OR AS A	CONSEQUENCE OF	V			
		rise ta immediate cause (d	o), ((b)	CONSEQUENCE OF				
		stating the underlying cau last.	se (c)	CONSEQUENCE OF				
		PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1((a)	
	z	***						
	CERTIFICATION	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY? YES NO	CALICIC OF DEATHS	FINDINGS CONSIDERED	IN CERTIFYING
		21a. ACCIDENT WAS UNDER I		JRY 216	. HOW INJURY OCCURRED (E	nter noture of injury in Port 1	or Port 2, Item 18.)	
1	MEDICAL	(If either, notify medical exc	ominer) P.M.	19				
		at work at work			. LOCATION Street or R.F.D.		County	State
I		22a. I certify that (I)	(this hospital) attende	d the deceosed from	and that in (my) (and	opinion deoth occurred o	5, 1969	that (I) (we) la
		causes stated abo	ave, (I) (we) (did) (did	not) view the bady of	and mai in (my) (our) (er death.	opinion aeoin occurred o	n ine date and h	iour and trom th
١		22b. SIGNATURĘ	bas	1 M		MED. STAFF	22c. DATE SIGNE	ED
		tillis	in the Sen		EGREE PHYS.	DIRECTOR PHYS.	april	27,196
		22d. PHYSICIAN'S NAME (Type) WILL	IAM P.BE	NSON, JR	22e. ADDRESS 3502 A	CALVERT	BALT	MD.
l		REMOVAL (Specify)	3b. DATE 4/29/69	23c. NAME OF CEMETERY EVER Proc	W Mam. Gard			NC
	24.	UNERAL DIRECTOR		ADDRESS			EGISTRAR'S SIGNATURI	del ·
ı		Wm. J. Tic	kner &Sons	Ralto., Md.	DATE	1. "		0

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1 1	DECEASED-NAME		First		Middle	CERTIFICA	Lost	DEATH	DATE OF	DEATH		049	
	(Type or print)		Edi	th	Ida	Ba	ugher		2a. DATE OF	#onth	19	69	2b. HOUR 5.05
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13a odn	USUAL RESIDENC	E (Where o	deceased	lived, if institution 13b. COUNTY 1	on: Residence before	13c. CITY OR T	son	13d. INSIDE CITY LIMIT	TS? 13e. STI	REET AND NUME	BER		
14.	FATHER'S NAME	First		Middle	Lost	15.	NOTHER'S M	MAIDEN NAME Firs			ddle		Last
		Chai		W.	Wood			Ma	ry		da		Ingle
160	Yes, no, or unit now	ever in U.S vn) (If ye	S. ARMED	FORCES? r dates of service)	16b. SOCIAL SECURITY		ormant rily 1	records		Add	lress		
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			MARYLAND STATE DEPARTMENT OF HEALTH
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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真の意	3. S	X	4. RACE S. DATE OF BIRTH 6. AGE (In years Funder 1 YEAR If UNDER 24 HRS.
rs of the Page		temale	U-hite 5-4-06 62 YRS. MONTHS MIN.
2 9 5		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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uted within 2		Balduuro	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) M. F. W. I. S. O. W. S. T. A. Thering most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done liberary) life, even if retired.) 12. USUAL OCCUPATION (Kind of work done liberary) life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital liberary) life, even if retired.)
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ond conditions in any	14.	FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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ician in and and		WAS DECEASED EVER IN U.S. AR	and the state of t
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equires that the death certific physician. signed by the attending physi burial-transit permit. Then p burial, crematian, ar remaval,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one couse per line for (o), (b), and (c).)
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IAN: The all or at iticate ha for use Health		210. ACCIDENT WAS UNDERLYI	
d fice of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	niner) P.M. 19
O HOSEPTAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta	ME	21d. INJURY OCCURRED 21e While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
by the free be done State		22a. I certify that (1) (th	this haspital) attended the deceased fram, 19, to, 19, that (I) (we) last
END ed		saw the deceased of	alive on19, ond that in (my) (our) opinion death occurred on the date and hour and from the ve, (I) (we) (did) (did not) view the body after death.
ATTENC etained CTOR: A shauld vith the		22b. SIGNATURE	22c. DATE SIGNED
OR See re d w			LEWCOME DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. MED. STAFF PHYS. 4/9/69
AL Dogo		22d. PHYSICIAN'S	22e. ADDRESS
De		NAME (Type) Wil	liam Newcomer, M.D. Mount Wilson, Maryland
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230		DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
N5- 5-20	-	REMOVAL (Specify)	1/11/1969 Restlawn Memorial Gardens Near Cumberland Alleg Md.
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 2. IT 1969
30M REV. 1/68	1	John J Halfer	Tr. 230 Reltimore Ave Cumber 1865 K L 1777

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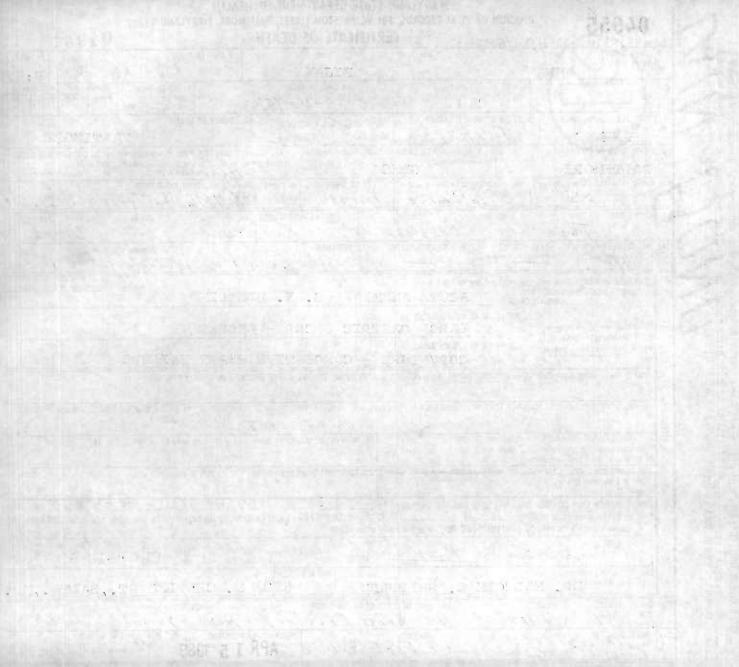
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04944 04952 CERTIFICATE OF DEATH DECEASED-NAME Middle JOSEPHINE Last 2a. DATE OF DEATH 2b. HOUR **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 haurs after deoth. should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs after deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certification executed within 24 haurs after death BERGER (Type ar print) APRIL 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS Female White May 13,1907 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Maryland U.S.A. Baltimore WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR Summitt's Nursing Home during most of working life, even if retired.)
Housewile Catonsville 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE, 13b. COUNTY 2403 YES NO __ Alma Rd. Landsdowne 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Andrew Valenzia Theresa Battaglia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) 213-01-7786 5720 Fenwick Ave Mr John A Berger APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a)) (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while at wark 22a. I certify that (I) (this haspital) stended the deceased from and thot in (my) (our) opinion death occurred an the date and hour and from the causes stated abave. (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING STAFF PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) RES 934 Wilkins Ave. Balto 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Lorraine Park Baltimore Maryland ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. 28 1969 Ruck Inc. Balto. Md. LeonardJ. 21214 30M REV

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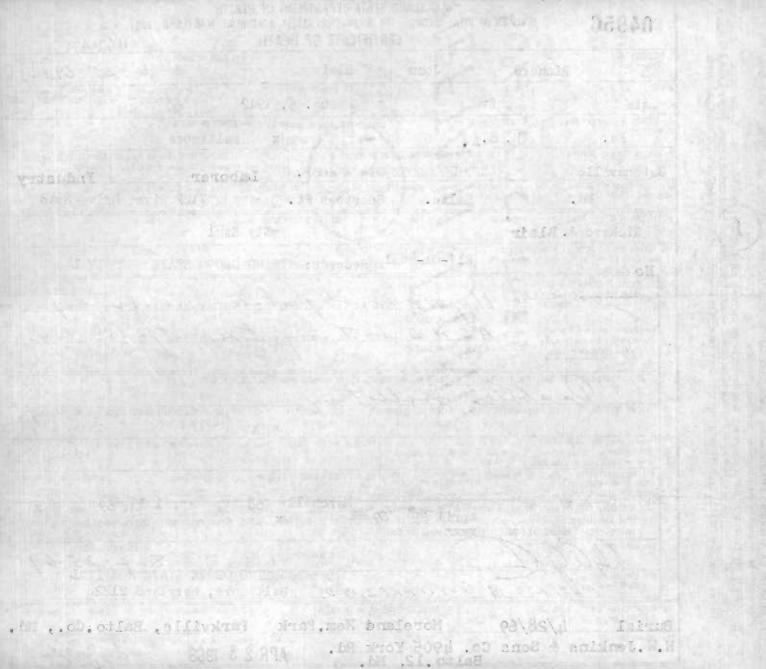
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	160	(es no, or unknown) (If yes give wo	ED FORCES? or or dates of service) 16b. SOCIAL SECURI		IN GREENB	ERG, 3737 C		#15
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	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. Month Day Ye	21c. HOW INJURY OCC	URRED (Enter nature	e of injury in Port 1 or Po	ort 2, Item 18.)	1
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		220. I certify that (I) (this sow the deceased ali couses stated above, 22b. SIGNATURE	s hospitol) ottended the deceder ve on 3 (I) (we) (did) (did not) view the	osed from			, 19, 9, that ne date and hour of 22c. DATE SIGNED	(I) (we) los
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			-24-69 SHAA1	REI ZION	R	LOCATION (City or Town) OSEDALE, MA	RYLAND	(State)
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1	ID. C	TY OR TOWN OF DEATH		11. NAME O	F HOSPITAL OR IN		ot in hospital	12a. USUAL (OCCUPATION of working	(Kind of work life, even if seti	dane	12b. KIND OF INDUSTRY	inu.
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		PART I. DEATH WAS CAUS	D BY: IATE CAUSE (a	7. /			- G.	I. BLE	EDING	G		BEIWEIN	NSEI AND DEATH
4		5310	DUE TO	O, OR AS A C	ONSEQUENCE OF				Deal.				
		Canditions, if any, which gave rise to immediate couse (a),) (1	b) L .Z	ARGE G	ASTRI	C ULCE	R - LE	SSER	288			
		stoting the underlying couse	DUE TO		ONSEQUENCE OF							1000	A 1-1
		last.		-		- transition -		TIVE H			RE		
		PART 2. OTHER SIGNIFICANT CO	NOTITIONS COL	NIRIBUTING 1	O DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CONE	DITION GIVEN	I IN PART 1(o)			
	TION	19a. DATE OF OPERATION 19b	CONDITION F	OP WHICH OP	ERATION WAS PE	DEUDWED	20a. AUTOF	ncva	206 15	YES, WERE FIND	INCS CON	CIDEBED IN C	DTIEMBIO
	CERTIFICATION	The state of the s	CONDITION	OK WINCH OF	EKATION WASTE	KI OKINED	YES T	NO X		OF DEATH?	INOS CON	DIDEKED IN C	KIIFTING
		210. ACCIDENT WAS UNDERLYI		TIME OF INJUR	RY	21c. H		URRED (Enter na	ture of injur	v in Port 1 or P	ort 2 Ites	m 18)	
	S S	OR CONTRIBUTING CAUSE OF DEA	TH HOUR	R A.M. Mai	nth Doy Yeor	Test Trees		12.000		, 1 011 1 01 11	J., 2, 116	10.,	
	W		. PLACE OF IN		ME, FARM, STREET, FA BUILDING, ETC.		OCATION Street	or R.F.D. No.	City	or Town		County	State
		22a. I certify that (X) (the saw the deceased of	is haspital) attended	the deceas	ed from	4/3	, 19_69		4/10	. 19_	69, that	(X (we) last
		saw the deceased	live an_	4/10	E21 1	9 69 an	that in (AK)	/) (aur) apinia	n death a	ccurred an t	he date	and haur	and fram the
ı	H	causes stated abav	e, (x) (we)	(ala) (axa r	xar) view the	bady affer	leath.				00 04	75 6101170	
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	1	22d. PHYSICIAN'S		_		DEOF	22e. ADDR	the second second	.TUK	PHTS.		10 03	
		NAME (Type) DR.	MALCO	DLM C	. SHEE	PARD		6701 N	. CH	ARLES	ST.	BALT	O.MD.
2	3a.		DATE,	/	23c. NAME OF	CEMETERY OR	CREMATORY			N (City or Tawn)		(Caunty)	(State)
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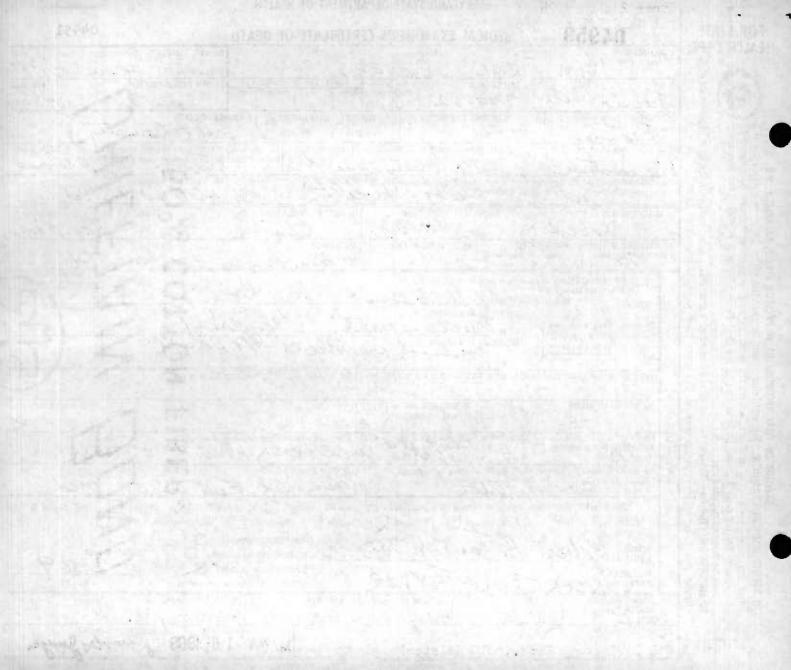


1	MARYLAND STATE DEPARTMENT OF HEALTH 04956 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	ND 21201
1	CERTIFICATE OF DEATH	04948
funeral funeral sy and 2	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH	
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thours after in by the furers. Pages 7.2 havrs after	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Н
executed within 24 hours after death. To completely filled in by the funeral endore carban papers. Pages 7 and 2 any event, within 72 haurs after death.	10. CITY OR TOWN OF DEATH Catonsville 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, et SPRING GROVE STATE HOSP. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET A	of work done ven if retired.) 12b. KIND OF BUSINESS OR INDUSTRY IND NUMBER
me comp remove 1 any eve	odmission) STATE Md. 13b. COUNTY Balto. Sparrows Ptys No 7122	River Drive Road Middle Lost
A 15 5 5	Richard J. Blair Emily Kahl	
physic physic en plea aval, a	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (if yes give war or dates of service) 217-01-8851 Records: SPRING GROVE ST	
at the death co the attending ssit permit. The matian, ar rem	18. CAUSE OF DEATH (Enter only one cause per line, for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nise to immediate couse (o), stating the underlying couse lost. (c) 18. CAUSE OF DEATH (Enter only one cause per line, for (o), (b), ond (c).) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH APPROXIMATE INTERVAL
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iclan: pital o pital o rifficate d far of Hea	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19	ort 1 or Port 2, Item 18.)
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I OR ATTENDING PHYSICIAN: The law requires the y be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by age 3 shauld be detached far use as the burial-trainified with the State Dept. of Health priar ta burial, cre	22a. I certify that (f) (this hospital) attended the deceased from Parch 11, 1908, to April 25, 19, 69, and that in (my) (o) apinion death accurred causes stated above, (I) (we) (did) (mixtax) view the body after death.	red an the dote and hour and fram the
O HOSPITAL OR A Page 4 may be retted or FUNERAL DIRECT director, page 3 shauld be filed with	22b. SIGNATURE DEGREE ATTENDING MED. STAF PHYS. 22d. PHYSICIAN'S 22e. ADDRESS SPRING GROVE S	STATE HOSPITAL
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	NAME (Type) A LOERTU M. GUTIERREZ M. D Baltimore, Mar 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04962 CERTIFICATE OF DEATH 04954 DECEASED-NAME First Middle 2a DATE OF DEATH 2b. HOUR within 24 haurs after death. (Type ar print) AprilManth Hulius Brandt Sr 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) May 18.1890 White Male rsician and completely filled in by the please remays, arban papers. Pagel, and in day event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED country) U.S.A. DIVORCED [Baltimore WIDOWED [Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Contractor, Retired INDUSTRY "Haven Nursing Home Catonsville 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 136. COUNTY Balt STATE Maryland Bal timore 1727 Carswell St 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last burial, crematian, ar remaval, and in Brand t Elizabeth B ? Ernest 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war ar dates of service) 212-26-5265 Julius Brandt Jr 10410 Greentop Rd 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ... APTERIS SPESHUNIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a). stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [] TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram. ____, 19.4.6., ta_ saw the deceased alive on____ _1968, and that in (my) (our) apinian death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John H Shaw M.D 5800 Edmonson Ave Baltimore Maryland 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 4/15/69 Baltimore. Maryland Parkwood 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Leonard J Ruck Inc. Baltimore, Maryland 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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hours after to the full forms of the full forms	3. SEX male	4. RACE white	S. DATE OF BIRTH 12,	/29/97 6. AGE (In years 71 last birthday) YRS.	HOURT I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hour	7a. BIRTHPLACE (State or foreign RUSSIA)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	Md,
within 24 hours after death lely filled in by the funerol bon popers. Proces and 3 within 72 hours after death	10. CITY OR TOWN OF DEATH Randallstown	give street address) Baltimore	County General during	AL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR BING & HEATING
	13a. USUAL RESIDENCE (Where de admissian) STATE	teased lived, if institution: Residence before 13b. COUNTY Balto.		13e. STREET AND NUMBER 36k5 Courtl	eigh Drive
be exe	14. FATHER'S NAME First ABRAHA	Middle Last AM BRAUD	IS. MOTHER'S MAIDEN NAME RA	First Middle CHAEL	Last
ertificote be physicion o nen please iovol, ond ir	Yes, 90 Sunknawn) (If yes of	rive war or dates of service)	NO. WESOMANTEARL BRA	UDES, 3615 COURTLE RANDALISTO	IGH DRIVE WN. MD. 21133
PHYSICIAN: The low requires that the death certificote be exec ted to hospital or attending physician. It is certificate hos been signed by the ottending physicion and complestached for use as the burial-transit permit. Then please remove co Dept. of Health prior to burial, cremation, or removal, and in any event	PART 1. DEATH WAS CA	anly one cause per line far (a), (b), and (a) USED BY: EDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O	stre thank	farhue	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 130 4 12 S
equires that the physician. Signed by the burial-transit pouriol, crematic	Canditions, if any, which ga rise to immediate cause (stating the underlying cau last.	ve), (b) COR	PULMONALE "	LUNG DISE	WEEKS.
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ICIAN: The pitol or attificate ho defor use of Health	21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUSE OF Office of the contribution could be contributed by the contribution of the	DEATH HOUR AM Month Day Yes	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, I	tem 18.)
JING PHYSICIAI by the hospitol frer this certifice be detached for Stote Dept. of He	21d. INJURY OCCURRED While Nat while at wark	Place of Injury (at home, Farm, Street, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No.	city or Town	Caunty State
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moy be retoined RAI DIRECTOR: A r, page 3 should be filed with the	22b. SIGNATURE	genta a. Repla	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	A-4-69
TO HOSPITAL (Poge 4 may be to FUNERAL Director, page shauld be file	NAME (Type)		PACED · BC	23d. LOCATION (City or Town)	(Caunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04964 CERTIFICATE OF DEATH 04956 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. April Month (Type or print) 69 Year Anna M. Brauer 3. SEX 4. RACE S. DATE OF BIRTH April 6,77 6. AGE (In veors IF UNDER | YEAR the ottending physician and completely filled in by the sit permit. Then please Temove carbon papers. Pages nation, or removal, and in any event, within 72 hours after lost birthday) OAYS HOURS F.M. White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore U.S.A. WIDOWED [DIVORCED [Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Buyer for Stewarts give street oddress) INDUSTRY Owings Mills Md. 9922 Reisterstown Rd Millery 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Md. Baltimore Owings Mills NO 9922 Reisterstown Rd. and in any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Henry Brauer Elisabeth Peetz: 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, por unknown) 1 (If yes give wor or dates of service) cremotion, or removal, 220-44-7111 Miss Helen Known Rt. 5 Box 325 21207 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Terminal Pneumonia days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-tronsit Arteriosclerotic C.V.Disease vears rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Poge 4 may be retained by the hospitol or attending physician. signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director name 3 should be detached for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? be detached for use Stote Dept. of Heolth YES [NO IX 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from Feb. 27 , 1959, to April 8, 1959, that (I) (we) lost saw the deceased alive on April 2 19 59 and that in (my) (our) opinion death occurred an the date and haur and from the causes stated obave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 11-8-69 DEGREE PHYS DIRECTOR PHYS. PHYSICIAN'S Martin E. Strobel. M.D. Rd.Reisterstown director, p 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (Stote) (County) Burial (Specify) April 10. 69 Loudon Park Cem. Baltimore Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Minutas Judge Loring Byers 8728 Liberty Rd. Randallstown 1969

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# 1	04966 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	58
death.	1. DECEASED-NAME (Type or print) First James Stuart Brown Brown APRIL 1969 APRIL 1969	2b. HOUR 130A M
a after the terms of the terms	3. SEX M 4. RACE W 5. DATE OF BIRTH 8/8/1914 6. AGE (In years lost, birthday) MONTHS DAYS 1. AGE (In years lost, birthday) MONTHS DAYS	HOURS MIN.
in 24 hours of the papers. Papers him 72 haurs	70. BIRTHPLACE (Stote or foreign Country) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OI	Md F BUSINESS OR
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be execute and consider and con	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Harry Brown Frances Man:	lost a fie d
rtificate physicia en plea aval, an	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes 16b. SOCIAL SECURITY NO. 213-01-6354 Mrs. Helen D. Brown (Same)	KIMATE INTERVAL
death ce tending mit. Th , ar rem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LAGNEC S CIUNHOSIS 102	ONSET AND DEATH
law requires that the death certificate be executed within 24 hours after death nating physician. been signed by the attending physician and campletely falled in by the function is the burial-transit permit. Then please remave carban papers. Pages Kand is into taburial, crematian, ar remaval, and in any event, within 72 haurs ofter death	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
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AN: The law re all ar attending icate has been for use as the Health prior ta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2. Item 18.)	CERTIFYING
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal	G (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 19	
by the haspital by the haspital filer this certificate dedetached far State Dept. af H	While Not while OFFICE BUILDING, ETC.	Stote
	22a. I certify that (I) (this haspital) attended the deceased from VIII , 19 Let, to MRIL 1 , 1969, that saw the deceased alive an MACH 30 1969, and that in (my) (aur) apinian death accurred an the date and have causes stated abave, (I) (we) (did) (did nat) view the bady after death.	t (I) (we) las r and fram the
Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22b. SIGNATURE Lanuello hankey MD DEGREE PHYS. ATTENDING MED. STAFF DIRECTOR DIRE	
SPITAL 4 may NERAL :tar, pa		(5)
TO HC Page TO FU direc	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 4/4/1969 Baltimore National Baltimore ADDRESS A	(Stote) Md.
VR A15 44 30M REV. 1768	24 FUNERAL DIRECTOR INS & Sons Co. 4900 Sylvers York Rd. Balto 12. Md. 250. REED BY REGISTRAR'S SIGNATURE DATE.	4

MARYLAND STATE DEPARTMENT OF HEALTH

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1	(14967	DIVISION	OF VITAL RECORDS,	301 W. P				RYLAND 21201	049	59
ond completely filled in by the tractal remove carban papers. Poges Frond 2 n ony event within 72 hours after death.		CEASED-NAME Firs		Middle		Lost		2o. DATE OF		V	2b. HOUR
oep dec		W.	ONA	BALLARD	BR	YAN			Charles State of the Control of the	9. 1969	8:10a M
	3. SE	X	4. RACE			S. DATE OF BIR			6. AGE (In years last birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7. (FEMALE BIRTHPLACE (Stote or foreign	NEG			FEBRUA		924	47 /K3		
- 11	cour	ntry)	/b. CITIZEN OF	WHAT COUNTRY?	WIDOWED	NEVER MARR	(ILD	COUNTY OF			
	10. 0	MARYTAND ITY DR TOWN OF DEATH	USA	, NAME OF HOSPITAL OR INS					LTIMORE (Kind of work done	12b. KIND OF	Md.
8		TOWSON 2120	OL gi	ST. JOSEPH	HOSPI	TAL	during most	of working l	life, even if retired.)	INDUSTRY	DUSINESS OR
9	13o. odm	USUAL RESIDENCE (Where decersion) STATE MARYLAND	osed lived, if inst	itution: Residence before	13c. CITY OR CAMBR		YES NO		REET AND NUMBER OF FAIRMO	UNT AVEN	UE
2	14. [ATHER'S NAME First	Middle		15		IDEN NAME First	-	Middle		Last
	14.	ANDREW	HID FORCEC	MADDOX	10 117 "		BEATRIC:	E		BALLAR	D
	100. Y	was deceased ever in u.s. ares, no, or unknown) (If yes give	war or dales of service)	16b. SOCIAL SECURITY N		NFORMANT OGER BR	YAN,	CAMBE	Address RIDGE, MA		MATE INTERVAL
	Z	PART I. DEATH WAS CAUS IMMED Conditions, if dny, which gove rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, C (b) DUE TO, C (c) (c)	OR AS A CONSEQUENCE OF							
/	CERTIFICATION	19o. DATE OF OPERATION 19th	. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUTOP	NO 🔲		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF DE (If either, notify medicol exorn	NG 21b. TIME HOUR A.I iner) P.	OF INJURY M. Month Doy Yeor M. 19		W INJURY OCCU	JRRED (Enter no	ture of injury	y in Port 1 or Port 2	, Item 18.)	
	W	21d. INJURY OCCURRED While Not while at work	. PLACE OF INJUR	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LO			- 10	or Town	County	Stote
		22a. I certify that (1) (1 saw the deceased causes stated good	nis haspital) c aliv an Apr e, (1) (we) (di	attended the decease in 19 19 19 19 19 19 19 19 19 19 19 19 19	od fram_A 9_69, and body after o	pril 5, Ithat in (Max leath.	, 19 <u>69</u> 9 (our) opinio	n deoth o	ril 19 , 1 occurred on the d	9 <u>69</u> , that late and hour	(we) last and from the
		22b. SIGNATURE	No.		4 Degr	ATTENDING EE PHYS.	G MED.		220	PRIL 19,	
1		22d. PHYSICIAN'S NAME (Type)	naldo	rjuela-Gomez			York R	load,	Towson 4,	Md.	
	230.	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE 123/1965	23c. NAME OF 0					N (City or Town) DGE DORG	(County)	(Stote)
X	24.	Televiek C.	Ithai	ADDRESS CAMBRI	DGE, M		2So. REC'D RY R DATE APR		REGISTOR	SIGNATURE	udge.

		CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	04960
1. DECEASED-NAME (Type ar print)	First Middle lary Catherine	Buccheri Bucheri	2a. DATE OF DEATH Month 20 20 20 20 20 20 20 20 20 20 20 20 20	Year 5:151
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Female	Cau.	9-13-22	46 YRS.	
7a. BIRTHPLACE (State or for country) Boston, Mass	U.S.A.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
10. CITY OR TOWN OF DEATH Baltimore	give street address)	during n	IAL OCCUPATION (Kind of wark done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (When admission) STATE	re deceosed lived, if institution: Residence before 13b. COUNTY Baltimore	13c. CITY OR TOWN	LIMITS? 13e. STREET AND NUMBER 06	Ardoon Rd.
14. FATHER'S NAME Firs	st Middle Last Peter Laurino	15. MOTHER'S MAIDEN NAME		Last
160. WAS DECEASED EVER IN Yes, na, ar unknawn) (N O	U.S. ARMED FORCES? (If yes give war or dates of service) ?	NO. 17. INFORMANT Joseph S. Buc	Address cheri	
	(Enter anly one cause per line far (a), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomat	tosis, primary in h	reast	
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
rise ta immediate cau	use (a), (b)			
stating the underlying lost.	g cause (c)			
PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
JE J		YES NO	CAUSES OF DEATH?	
21a. ACCIDENT WAS UN Concountributing CAL (If either, notify medical 21d INSURY OCCURRED	USE OF DEATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	er nature of injury in Part I or Part 2, Ite	em 18.)
While Nat while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. No.		County State
22a. I certify that saw the dece causes stated	(this baspital) attended the decease dive on <u>April 23</u> dabove, (I) [we) (did) (did not) view the	ed from <u>April 21</u> , 19_ 19_69, and that in (my) (aur) ap bady ofter death.	69, to April 23, 19 (inian death accurred an the dat	69_, that (I) (we) las e and hour and fram th
22b. SIGNATURE	Simly M.T			ATE SIGNED
	- (0)	22e. ADDRESS	k Rd. Tewson 4, Mo	d.
22d. PHYSICIAN'S NAME (Type)	r. R. Orjuela Gomez			
		CEMETERY OR CREMATORY By Valley Memorial	23d. LOCATION (City or Jown) Cockeysville, M	

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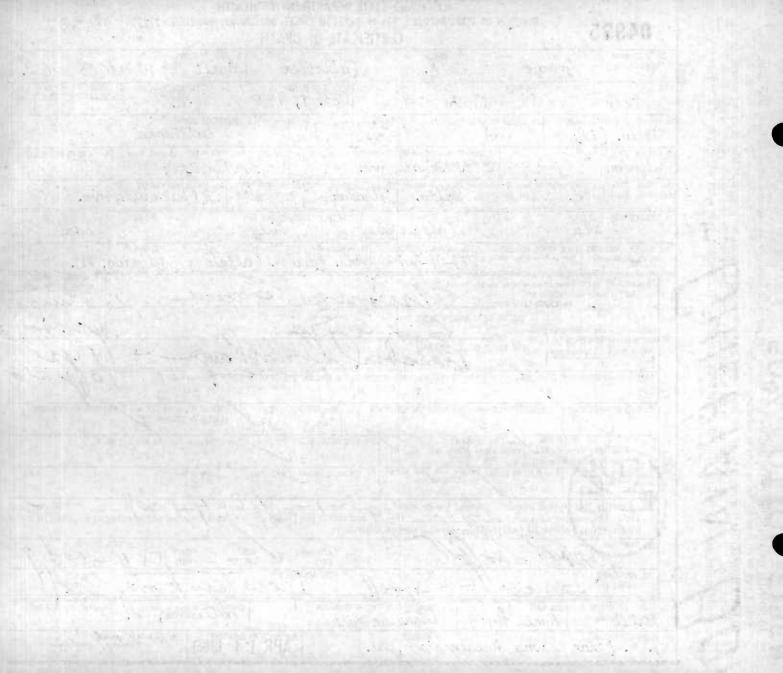
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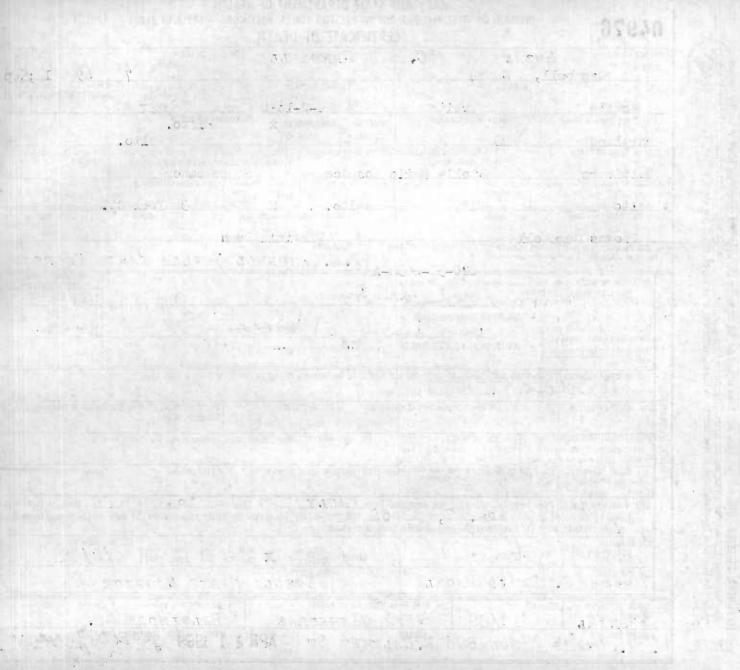
1		04972	DIVISION OF VITAL	RECORDS, 301 W		, BALTIMORE,			
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within 24 hours after death ely filled it by the fuheral bon papers, Frages I and 2 within 72 hour after death	3. SE		4. RACE NEGRO	A.	S. DATE OF BIRTH 5/8/98		6. AGE (In year	s IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
4 hours	MA	RYLAND	7b. CITIZEN OF WHAT COUNTY U.S.A.	IRY? 8. MARR	ED NEVER MARRIED	9. COUN	TY OF DEATH	THO.	Md.
e excepted within 24 ond completely filled remove corbon pape in any event, within 7		FORT HOWARD	give street odd		AL d		ATION (Kind of work or rking life, even if retir		
Simple of the control	13o. admi	USUAL RESIDENCE (Where deceas ssian) STATE MARYLAND	ed lived, if institution: Resid	ence befare 13c. (IT)	OR TOWN 13d. IN YES	NO NO	2807 BRICH	TON STREET	r
- 0 -	14. F	ATHER'S NAME First JOHN		LEY Last	15. MOTHER'S MAIDEN	SARA		QUEE	
physicion physicion nen please loval, ond i	16a.	WAS DECEASED EVER IN U.S. ARM	TOTAL 16b. SOC 218	o7 18 64	7. INFORMANT VAH FORT	HOWARD,	MD. CLINIC	AL RECORD	S
attending attending permit. The		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIAL Canditions, if any, which gove rise to immediate cause (o),	DBY: THE CAUSE (a) DUE TO, OR AS A CONS (b)	ABDOMINAL EQUENCE OF	CANCER WITH	H METAST.	ASIS	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
quires quires physic signed signed buriol- buriol,	NC	stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON GENERAL DE	HITT	DEATH BUT NOT RELATE					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital ar ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I	CERTIFICATION	19a. DATE OF OPERATION 19b. 21o. ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERA G 21b. TIME OF INJURY		20a. AUTOPSY? YES HOW INJURY OCCURRE	NO 🗆 X		YES	ERTIFYING
SICIAN ospital c ertificat ned for t. of He	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month	Day Year			City or Town		State
G PHY the ho r this of detact te Dep		While Nat while			E. LOCATION Street or F		1./20/60	Caunty	
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retoined by the hospital or offer of FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use constructions and the state Dept. of Health proposed in the State Dept. of Health proposed in the State Dept. of Health proposed in the State Dept.		220. I certify that (*) (this saw the deceased of causes stoted abave	ive an	e deceased from 19, view the body af	ond that in (379) (a er deoth.	., 19, to iur) apinion de		., 19, that he date and haur	(we) last and fram the
OR AI be reto DIRECTO		22b. SIGNATURE	By Effect		EGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c DATE SIGNED 6	9
A may NERAL tar, poor id be fil			E C. MC FIFAT				ARD, MARYL		
TO HO Page TO FUR direct	E		7 0 7	C. NAME OF CEMETERY			CATION (City of Love)		(Stote)
VR A15 (1)	24.	FUNERAL DIRECTOR V.R.	Bailey KEL	SON FUNERA	L HOME 25a.	imore.	Md. RANGE	Just Just Just Just Just Just Just Just	~

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	14975	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT (301 W. PRESTON STREET, E ERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201	04967
	SED-NAME or print) George	ge E.	Caltrider	2a. DATE OF DEATH April Month 10	Day 69 Year 6 P.
3. SEX	Male	4. RACE White	S. DATE OF BIRTH Oct. 1, 10	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
caultry	HPLACE (Stote or foreign Lto. City	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED SCNEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
GL	or town of death	11. NAME OF HOSPITAL OR INS give street address was the	Ave. duri	USUAL OCCUPATION (Kind of work don not nest of working life, even if retired	
13a. USI admissio	JAL RESIDENCE (Where decease in) STATE	ed lived, if institution: Residence before 13b. COUNTY	13c-CITY OR TOWN 13d. INSIDE SLyndon YES	ECITY LIMITS? 13e. STREET, AND NUMBER 2 (hatswor	th Ave.
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16o. Wi Yes,	S DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURITY N 213-01-507		Caltrider Glyn	don, Md.
sto las	RT 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONTROUENCE OF CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDING	JO GRAND S CONSIDERED IN CERTIFYING
EDICAL □=□	n. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH either, natify medical examir	HOUR A.M. Manth Day Year (ner) P.M. 19	21c. HOW INJURY OCCURRED	(Enternature of injury in Part 1 or Part	
22	o. I certify that (I) (thi	PLACE OF INJURY (at home, FARM, STREET, FAC OFFICE BUILDING, ETC. is hospital) attended the decease live on	d from / , and that in (my) (or ody after deoth.	opinion death/occurred on the	County State 79, that (I) (see) last date and haur and from the country of
23a. Bl	d. PHYSCIAN S NAME (Type) IRIAL, CREMATION, ADDIAL (Specify) ADDIAL (Specify)	DATE 14,69 23c. NAMBORA	DEGREE PHYS. 220. ADDRESS EMETERY OR CREMATORY Line Park	23d LOCATION (City or Town)	(County) (State)
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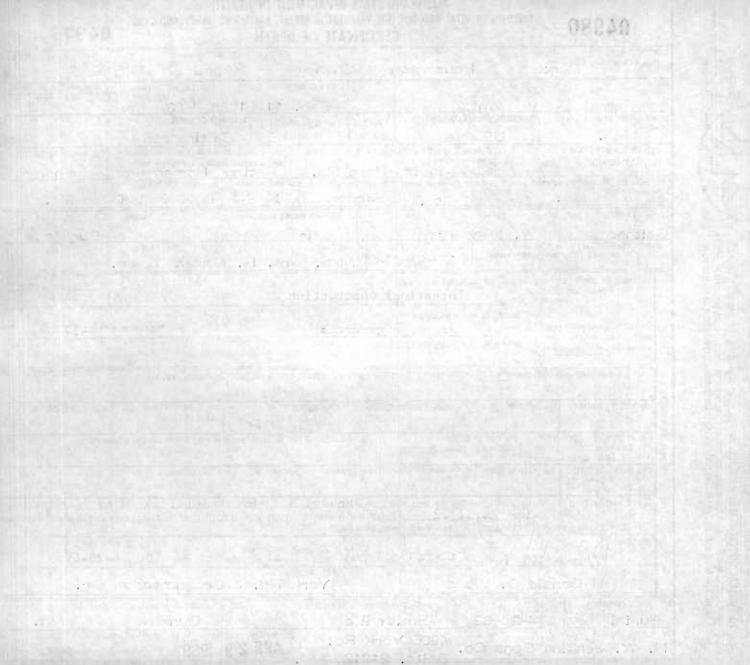




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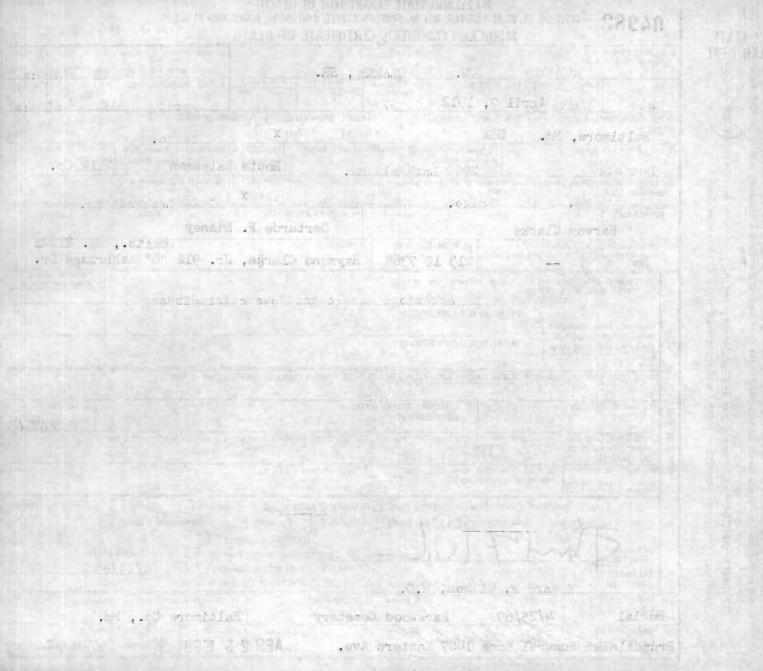
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(ECEASED-NAME Type or print)	Bert	ie Henders	son	Lost Chaney	′	20. DATE OF D	Month 24 Do	y 69 Yeor	2b. HOUR
3. S	Femal	0	4. RACE White		S. DATE OF B		886	6. AGE (In years last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o.	BIRTHPLACE (State or nerry)		7b. CITIZEN OF WHAT COUNTRY?		D NEVER MAR	RRIED 9.	COUNTY OF	DEATH		
	Ruxton		USA 11. NAME OF HOSPITAL give street oddress) 2006 Indi	an Hea	not in hospital	120. USUAL (during most Retir	Baltir OCCUPATION (of working li ed Ho	more Kind of work done fe, even if retired.) Omemake	12b. KIND OF INDUSTRY	BUSINESS OR
13o. odm		Where deced	sed lived, if institution: Residence be 13b. COUNTY Balto.	fore 13c. CITY	or town kton	13d. INSIDE CITY LIMITS YES NO	13e. STRE	eet and number 06 Indian		
14.	FATHER'S NAME	First	Middle L	st	1S. MOTHER'S MA	AIDEN NAME First		Middle		Lost
	aither		W. Henderson		Allie	7 75			Burc	ess
160. Y	WAS DECEASED EVEN (es. np., or unknown)		MED FORCES? wor or dates of service) 16b. SOCIAL SECU 213-40		. INFORMANT Mrs. V	Vm. H.	Mars	Address shall, Jr		
	Conditions, if ony, rise to immediate stating the underlast.	which gove couse (o), ying couse	DUE TO, OR AS A CONSEQUENCE (b) Carcin	inal obs			DITION GIVEN	IN PART 1(o)	BETWEEN (3 da 1-17	
CERTIFICATION	190. DATE OF OPERA	10N 19b.	CONDITION FOR WHICH OPERATION W		20o. AUTO	DPSY?	20b. IF Y	'ES, WERE FINDINGS (DF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CE	21o. ACCIDENT WAS OR CONTRIBUTING [(If either, notify me	CAUSE OF DEA	TH HOUR A.M. Month Dov	21c. Yeor	HOW INJURY OCC	CURRED (Enter no	oture of injury	in Port 1 or Port 2,	Item 18.)	
ME	21d. INJURY OCCUR While Not while of work of work	e	. PLACE OF INJURY (AT HOME, FARM, STR. OFFICE BUILDING, ET	ET, FACTORY.) 21f.	LOCATION Stree	et or R.F.D. No.	City o	r Town	County	Stote
	22a. I certify t	not (I) (theceased of ted obav	his hospital) attended the derivative on April 22 lee (I) (we) (did) (did not) view ald O. Wood	the body atte	ATTENDIN PHYS.	NG MED. DIREC	CTOR	22c.	DATE SIGNED 4-25-69	(1) (we) lo
23o.	BURIAL, CREMATION REMOVAL (Specify)	2 3b		of CEMETERY C		2		(City or Town) Ounkirk	(County)	(Stote) Md.
	FUNERAL DIRECTOR . W. Je	nkins	Sons Co. 4905			250. REC'D BY R		2Sb. REGISTRAR'S	SIGNATURE	ge.



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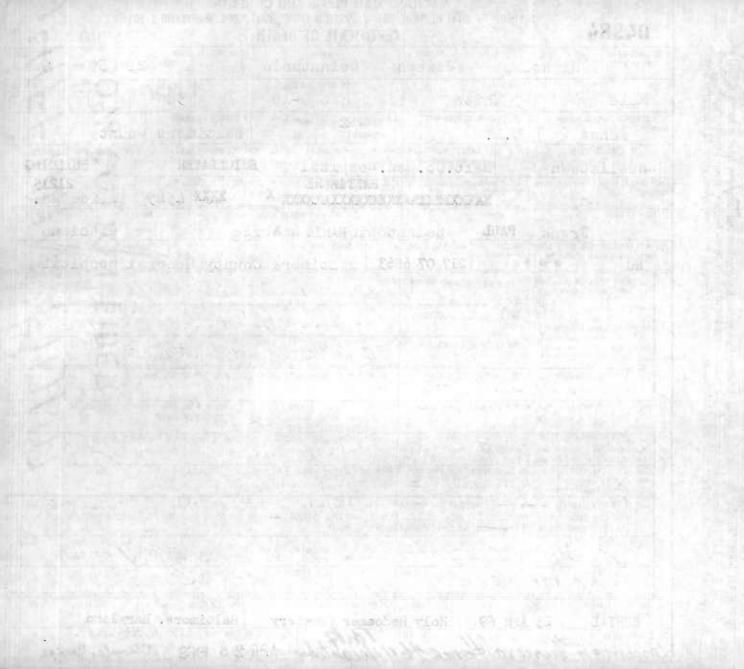
21	MARYLAND STATE DEPARTMENT OF HEALTH	
Top crise	04982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	157 157
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day Year (Type ar Print) 4 OF ESTI-	2b. HOUR
ay is 3 to Page ent af	RAYMOND N. CLARKE SR. DEATH MATED 4 19 196	94.a M
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2, and PM3.	Male White April 7, 1912 57 YRS. April 19 19 6	9 4.aM
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haurs after death Office alang with farm I and 2 with the State De	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 12a. USUAL OCCUPATION (Kind of work dane lize, KIND OF BU during most of working life, even if retired.) 12b. KIND OF BU during most of working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work dane lize, KIND OF BU during most of working life, even if retired.) 12b. KIND OF BU during most of working life, even if retired.)	SINESS OR
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	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle La Gerturde F. Disney	ist
hin 24 neil in niner's pages hours	Harvey Clarke Gerturde F. Disney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ABORISTO. Md. 217	221
within 24 peneil in xaminer xaminer Xa	(Yes, no or unknown) (If yes give wor or dates of service) 213 10 7368 Raymond Clarke, Jr. 912 "B" Ashbridge	
> ' X Z		
7 = -	1B. CAUSE UP DEATH (Enter only one couse per line (a), (b), and (c).) PART I. DEATH WAS CALISED BY:	T ANO OEATH
ding ding ledii	/// IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease	
e e e e e e e e e e e e e e e e e e e	DUE TO, OR AS A CONSEQUENCE OF	
d b d b Chie fran fran	rise to immediate cause (a), (b)	
shauld be execute te word "pending" to the Chief Medical burial-transit permit.	lost.	
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certif writi arwan used moval	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPS YES DE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)	SY?
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INER: T e certifica shauld b files. 3 shauld aarian, ar	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. No. City or Town County	
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(AM) e the 4 our age trem	WHILE NOT WHILE of foctory, office building, etc.)	
bical Examiner: se execute the certifictor. Page 4 shauld ned for your files. ECTOR: Page 3 shau		my opinian
CAI ex ex ad f CTO buri	death_resulted_fram: Natural causes, XX, Adcident , Suicide , Hamicide , Undetermined manner	my opinion
please please retained by DIRECTOR TO BE CONTROL TO BE CON	CHIEF MEDICAL EXAMINER	
le de la	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER & 22b. DATE SIGNED	
ary, be	EXAMINER'S DEPUTY MEDICAL EXAMINER 4/19/69	
necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
70 F He He	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (County)	(State)
	Bremoval (Specify) 4/25/69 Parkwood Cemetery Baltimore Co., Md.	
06	24. FUNEAD DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME (1) 10M REV. 1/68	Bruzdzinski Fumeral Home 1407 Eastern Ave. DAAPR 2 5 1969 KChanks Judge	R.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04983 04975 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2b. HOUR death. 20. DATE OF DEATH after death uneral (Type or print) Bennett Bussey Cockey 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. lost birthdoy) MONTHS May 21, 1901 whi te male hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S. Md . DIVORCED TO Baltimor e WIDOWED [24 event, within 10. CITY OR TOWN OF DEATH Temave carban pa 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) meneral Law campletely Catonsville 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Beaver Dam Road Balto. Cockevsville NO [burial, crematian, ar remaval, and in any 14. FATHER'S NAME Josha F. Cockey III and Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Anna Bussey physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Records SPRING GROVE STATE HOSPITAL 218-110-8036 attending poperation of the APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Bruncko brumonia DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove burial-transit rise to immediate couse (o), signed by DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar tab TO FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor detached f te Dept. af i (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (IX(this haspital) attended the deceased fram_ March 20 1960, and that in (my) (our) apinian death accurred on the date and have and from the saw the deceased alive an Africe 4 may be retained the causes stated abave, (1) (we) (did) (did hat) view the bady after death. director, page 3 sha shauld be filed with 22b. SIGNATURE 22c. DATE SIGNED DEGREE 22d. PHYSICIAN'S 22e. ADDRESS SHEETS 40 NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) Burial Specify) Sherwood (hurch (emetery John Burns' Sons, Towson, Maryland

28830 Tiescon Comment TAKE ALC WEST TO THE TAKE THE REAL PROPERTY OF THE PARTY constinues. The state of the s . jocies I.l. The state of the s waini torit 7, 1969 The mood Press of constant for consilly and ma and the same of th o'n uns' ons towers aridand

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04984 CERTIFICATE OF DEATH 04976 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) L Month 2] Doy 69Year Nicholas Joseph Colantonio 9am 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Lestopirthday) 8=9-10 White Male The law requires that the death certificate be exercited within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore County Penna U.S. WIDOWED DIVORCED [and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during protocyclkia drive peven if retired.) 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Balt. Co. Gen. Hospital INDUSTRILDING Randallstown and in any event, 21215 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. RATOR REMIOR E 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 4545 Pimlico Rd. 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle PAUL Colantonio MARIA Ambbile Basciano Frank 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, ar unknawn) (If yes give war or dales of service) 217 07 6863 Baltimore County General Hospital APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY signed by the ottendir buriol-tronsit permit. IMMEDIATE CAUSE (a) _ DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cranio Carebra troums -Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been for use os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while at work 22q certify that (1) (this hospital) attended the deceosed from 3/6/69, 19—, to 4/21, 1969, that (1) (we) lost saw the deceosed olive on 1969, and thot in (my) (our) apinion death occurred on the date and hour ond from the couses stoted above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE M. D. DEGREE director, page 3 should be filed 22e. ADDRESS PAUL ST. PAUL ST. 22d. PHYSICIAN'S 1. H. WEINER NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (State) REMOVAL (SPACILY) Baltimore, Maryland 25 APR 69 Holy Redeemer Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR 46/1 Leightan DATTAPR 28 1969 Milanelas Jose



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r dea funerd	3. S		LeRoy Celeman Sr.	S. DATE OF BIRTH	April 6,19	IF UNDER 1 YEAR IF UNDER 24 HRS.
the ages safte		Male.	White.	Sept 13,1909	last birthday)	MONTHS DAYS HOURS MIN.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled directar, page 3 shauld be detached far use as the burial-transit permit. Then please, remover-carban poshould be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any every, within	MEI	21d. INJURY OCCURRED 21e. Pl While Nat while at work	LACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
ING by th fer t fer t tate	- 9	22a. I certify that (I) (this	hospital) attended the deceased	from 200 , 194	6, to 1921, 19	69, that (I) (we) lost
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OR ATTENE be retained JIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE	J Daly	DEGREE PHYS. ME	D. STAFF 22c.	DATE SIGNED
TO HOSPITAL (Page 4 may b TO FUNERAL DI director, page should be file.	19	22d. PHYSICIAN'S NAME (Type) Fra	incis T. Daly, M.D.	an appear	ase Street	1-1-1
OSP e 4 r UNER	230	BURIAL, CREMATION, 23b. DA			23d. LOCATION (City or Town)	(County) (State)
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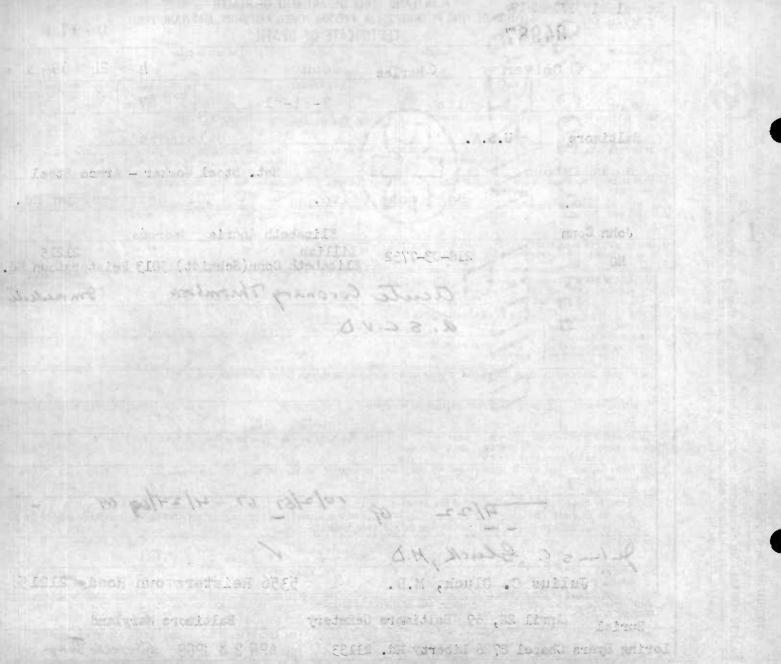
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1	5/5/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH 04979
	04979 CERTIFICATE OF DEATH
	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	(Type or print) . Odiver Charles Conn Month 4 Day 24 Year 699:20 M
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White 7-21-81 dost birthday YRS. MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State ar fareign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Baltimore U.S.A. WIDOWED DIVORCED Baltimore
-	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dang 12h KIND OF RUSINESS OR
	Randallstown BCGH Ret. Steel Worker - Armon Steel
	13d. USUAL KESIDENCE (Where deceased lived; if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission). STATE
	Md. Baltimore Balto. 186 8013 Reisterstown Rd.
	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
1	John Conn Elizabeth Andria Andrews
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, arythknawn) (If yes give war or dates of service) 218-03-7732 17-INFORMANT Address 21215
	- CAAZROELA CONNISCHMICE SUIS REISTERSTOWN Rd
1	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY:
1	PART I. DEATH WAS CAUSED BY: SIMMEDIATE CAUSE (a) Cittle Coronary Thomsosic Immediate
1	4/09 DUE TO, OR AS A CONSEQUENCE OF
1	Conditions, if ony, which gove (b) U.S.C.V.D.
1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	, ()
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings considered in certifying
1	CAUSES OF DEATHS
1	YES NO STATE OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18,)
	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
	☐ [ITT either, notify medical examiner) P.m. 19 ≥ 21d INTIRY OCCURRED 21e PLACE OF INTIREY / AT HOME FARM STREET, FACTORY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty State
1	27g certify that (1) (this becautal) ettended the deceased from 10/2/62 19/67 to 4/2-4/1-20/9 that (1) (was least
1	22a. I certify that (I) (this hespital) ettended the deceased from 1967, 1967, to 4724 (ii) (we) last saw the deceased alive an 1967, and that in (my) (eur) apinian death accurred on the date and haur and from the
	causes stated above, (I) (we) (did) (did not) view the body after death.
	22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
	DEGREE PHYS. DIRECTOR PHYS.
1	Page Address Name (Type) Julius C. Gluck, M.D. 22e. ADDRESS 5356 Reisterstown Road 21215
F	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
-	REMOVAL (Specify) Annil 20 60 Politimana Comptant
- 8	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
1	Loring Byers Chapel 8728 Liberty Rd. 21133 DATE APR 2 8 1969 Action Langue



MARYLAND STATE DEPARTMENT OF HEALTH

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S offer 18. Given olong		USUAL RESIDENC mission) STATE Mary I a	E (Where deceos	sed lived, if 13b. COU	institution: I			CITY OR TOWN	100	INSIDE CITY L	IMITS?	13e. STREET	AND NUMB	ER		
24 hours in Item 18 rr's Office as 1 and 2 rrs afferd	14. F	ATHER'S NAME	(Unknou		Middle Corl	kran	Lost	IS. MOT	HER'S MAID	EN NAME		Mı	Tuc ho	dle tut		Lost
I within 24 n pencil in Exominer's File pages n 72 hours		VAS DECEASED EV , no, or unknow	ER IN U.S. ARMED I	FORCES?		SOCIAL SECU	RITY NO. -6335	17. INFORM	MANT 1a Co	rkra	n –	Wife	ADDRESS			
		18. CAUSE OF PART I. D	DEATH (Enter on EATH WAS CAUSED IMMEDIA	ly one couse D BY: ATE CAUSE (o)	/ /	(b), (b), a	od (c).)	374	0	o c	10.	SIO	קניי			MATE INTERVAL NSET AND DEATH
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please execu l director. Pag retoined for L DIRECTOR: Pior to buriol,		22a. I	sulted Fram:], Suicid	CHIEF	Homicid MEDICAL STANT MEDI	e, Examiner ICAL EXAM	NINER _	ermined n	nonner [my opinion
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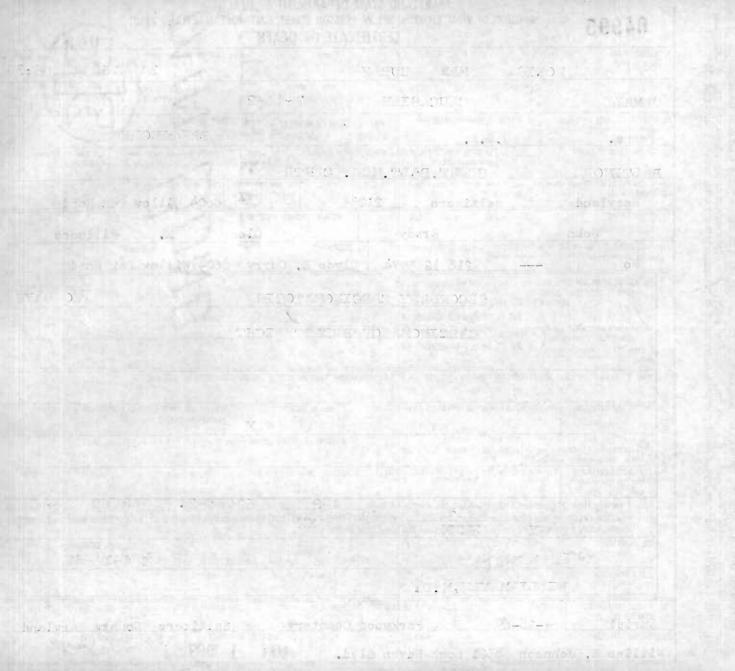
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ard ard e Ch		rise to immediate cause (a), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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bical Examiner: se execute the certivation. Poge 4 should ned for your files. RECTOR: Page 3 should buriol, cremotion,	-	WHILE AT WORK AT AT W	Coonty State
L EXA ecute Poge or you R: Pag	-3	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
ICAL E) e executor. Pog ed for) CTOR: P		death resulted fram: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner	
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the the S model Heol	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
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cam cam		Maryland		NTY Baltimore	212	24	YES NO X	8604 Wil	llow C	ak Road	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be se retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician are 3 should be detached far use as the burial-transit permit. Then please red with the State Dept. af Health priar ta burial, crematian, or removal, and in	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FO	OR WHICH OPERATION WA	AS PERFORMED	20a. AUTOPS		20b. IF YES, WERI		ONSIDERED IN CER	TIFYING
The rate of the ra	ERTIF	21a. ACCIDENT WAS UNDERLYI	NC last v	AND OF MUNICIPAL	T-:	YES 🗀	N0 □X				
AN al a al a far far Hec		OR CONTRIBUTING CAUSE OF DEA		IME OF INJURY A.M. Manth Day	Year 21c.	HOW INJURY OCCUR	RRED (Enter natu	re af injury in Part	I ar Part 2,	Item 18.)	
Spit spit errifed ed	MEDICAL	(If either, natify medical exam		P.M.	19						
OR ATTENDING PHYSICIAL be retained by the haspital SIRECTOR: After this certifice e 3 should be detached far ed with the State Dept. af He		21d. INJURY OCCURRED While Nat while at wark at wark	. PLACE OF IN.	OFFICE BUILDING, ETC	EI, FACTORY,) 21t.	LOCATION Street	ar R.F.D. Na.	City ar Tawn		Caunty	State
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Series Se		causes stated abav	e, X (we)	(did)XXXXX) view	the bady afte	r death.	(our) opinion	deom occorred	on me do	ne ona noor or	ia irom me
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TAL AL Page e fill		22d. PHYSICIAN'S NAME (Type) TAT T				22e. ADDRE	SS				
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt		77.1		YEH,M.D.							
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VR A15 H41)		FUNERAL DIRECTOR		ADD			5a. REC'D BY REG		REGISTRAR'S		2 5
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MAKYLAND STATE DEPAKIMENT OF HEALTH



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ofter deoth 8. Give Pages 1, along with form with the State-De		atonsvi	F DEATH		11. NAME O	address)	or institution en Nurs			during		warking li	Kind of work fe, even if reti	red.)	12b. KINE INDUSTRY Hosp		VESS OR
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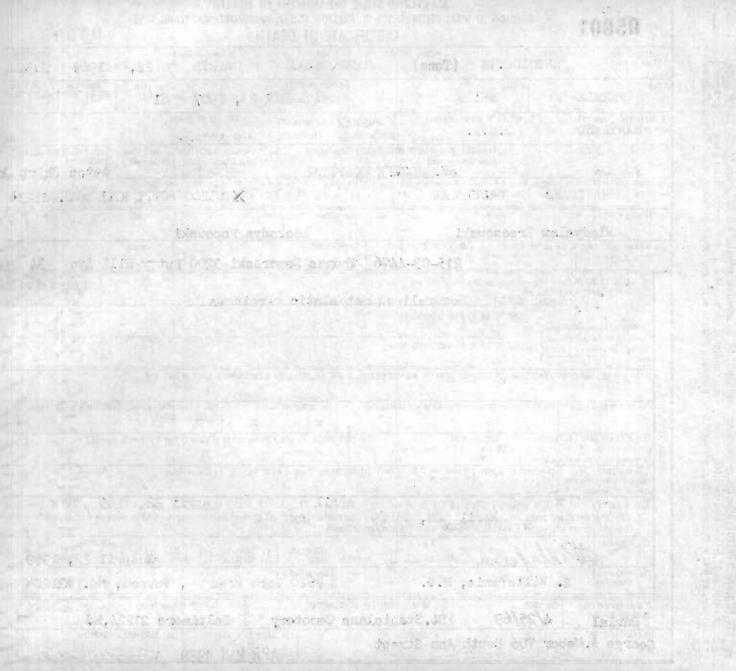
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0	1		02000	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
/			04998		CERTIFICATE OF DEATH		04990
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	‡ s t	3.	sex Male	4. RACE Negro	S. DATE OF BIRTH 3. 1. 1908		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HDURS MIN. S.
4 have	J in by ers. P 72 hour		BIRTHPLACE (Stote or foreign untry) Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED N	Baltimore Cou	nty Md.
vithin 2	ly filled oan pag within	3.0	city or town of death Mount Wilson	11. NAME OF HOSPITAL OR IN: give street oddress) Wt. Wilsor		UAL OCCUPATION (Kind af wark dan mast of working life, even if retired.	
cuted v	and campletely filled in remave carban papers. In any event, within 72 h	13 ad	o. USUAL RESIDENCE (Where deceding mission) STATE	sed lived, if institution: Residence before 13b. COUNTY Montagemen	13c. CITY OR TOWN 13d. INSIDE CITY	NO Gastreet AND NUMBER	ng Md. 20760
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ificate	physician ien please aval, and i	10	a. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	MED FORCES? war or dates of service)		it. Wilson State	Hospital
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ICIAN:	pital ar rtificate d far u af Heal	and the second	DR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Year inner) P.M. 1	9	ter noture of injury in Part 1 or Port	2, Item 18.)
PHYS	by the hospital liter this certifice be detached fa State Dept. af H	1	21d. INJURY OCCURRED 21d While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA DEFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. I		County State
TENDING	Page 4 may be retained by the hospital ar attending IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the 2 shauld be filed with the State Dept. af Health priar to		22a. I certify that (I) (t	his hospitol) attended the deceos olive on, 21 ve, (I) (we) (did) (did not) view the	ed from (1, 26, 19 1964, and thot in (my) (our) o body after death.		
OR AT	Page 4 may be retained • FUNERAL DIRECTOR: A director, page 3 should should be filed with the:		22b. SIGNATURE	Vervomer	DEGREE PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR PHYS. D	4. 21- 1969
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TO HO	Page TO FU direc	2	REMOVAL (Specify)	DATE 23C. NAME OF EMOR		23d. LOCATION (City or Town) Tery Emory G BY REGISTRAR 25b. REGISTRA	rove Monty Md.
	OM REV.		FUNERAL DIRECTOR	I knowled	Tockral DATAPI		when Judge

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FOR STATE	114301	, civision or		XAMINER'S				- 0	4991	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First		Middle	last	11370	20. DATE KNO	WN Month	Day Year 2	2b. HOUR
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y deloy and 3 M3- Po	3. SEX Male	White	DATE OF BIRTH 9-16-1895	6. AGE (In years last birthday) 73	S. MONTHS DAYS			OUNCED DEAD prilDay 17	Year 19 69 2	2d. HOUR ?
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s ofter 18. Give e olang 2 with the	13a. USUAL RESIDEN admission) STATE	CE (Where deceased live) Maryland 131	red, if institution: Res			13d. INSIDE CITY LIMITS YES NO 2	? 13e. STREET AN	ID NUMBER argate Ro		
24 hours in Item 1 office of 1 ond 2	14. FATHER'S NAME Albert	First De Baugh	Middle	Last	15. MOTHER'S M Mar	alden NAME F garet Le		Middle	last	
within 24 n pencil in Exominer's File pages	16a. WAS DECEASED EV (Yes, na, ar unknov Yes	VER IN U.S. ARMED FORCES	lates of captical	1AL SECURITY NO. 5-09-8084	17. INFORMANT Bessie	M. DeBa	ugh 110 1	ADDRESS Margate F	ld.Luther	vill
be executed v "pending" in nief Medical Ex onsit permit. Fil event within 7		DEATH (Enter only one DEATH WAS CAUSED BY: IMMEDIATE CA	Arte	eriosclero	tic card	iovascul	ar disea	se	APPROXIMATE INT BETWEEN ONSET AND	ERVÁL O DEATH
hould word the Ch urial-tro	rise to immed	ony, which gove liate cause (a), haderlying couse	(b)							
ficote sing the rded to os o poly and		SIGNIFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT RELATE	TO THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PAS	RT 1(a)		
	190. DATE OF C	PERATION		NDITION FOR WHICH O S PERFORMED?	PERATION				20. AUTOPSY?	NO [7]
= = = = =		R CONTRIBUTING 🗍	21b. TIME OF INJURY M HOUR A.M. P.M.	19	21c. HOW INJURY	OCCURRED (Enter	noture of injury in F	Part 1 or Part 2, Ite	m 18.)	
ical Examiner: execute the cert for. Poge 4 should ed for your files. CTOR: Poge 3 shou burial, cremation,		CURRED 21e. PLACE factory, IT WORK	OF INJURY (At hame, affice building, etc.)	farm, street,	21f. LOCATION Stree	et ar R.F.D. Na.	City or To	wn	County	State
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o DEPUTY necessory, the funera 5 may be 0 FUNERAL	EXAMINER'S NAME (Type)	Konald N	• Kornblu	n,M.D.			, town, ar county)			
5	230. BURIAL CREMA REMOVAL (Spec Burial	ify) 4-21-		Parkwood				e, Maryl		e)
VR A15ME (5)	24. FUNERAL DIRECT	or Brooks Tow	vson 1050	ADDRESS York Rd.	21204	APR 2	REGISTRAR 1 1969	25b. REGISTRAR'S S	IGNATURE	9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05000 04992 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH death. 2b. HOUR within 24 hours after death (Type or print) Katherine Deckret 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS Female White Dec. 3, 1885 last birth MONTHS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ountry) Baltimore. U. S. A WIDOWED X DIVORCED [event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY OFFice Building Catonsrille. during most of warking life, even if retired.) GROVE STATE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed 136. COUNTY Balto. 1434 Towsow cremation, or removol, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First physicion ond Last Middle Lost Charles Ihomas Mary DIMOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 218-18-3024 Records: State Hosp. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Pulmonary edema. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF weeks Conditions, if ony, which gove ! rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) failure, Directiculosis for use os the t Health prior to b AS.C.YD. TO FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO NO YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detoched for Stote Dept. of H (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED While Not while City or Tawn County at wark ot wark 22a. I certify that (X) (this haspital) attended the deceased from 4 24 , 19 67, ta 4 22, 19 69, that (1) (we) last saw the deceased alive an 4 22 . 19 69, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED Momidu revolides ATTENDING 4.22.69 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S Diomidis 22e. ADDRESS Sprin 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) Caklown Center Maryland ADDRESS 24. FUNERAL DIRECTOR Funeral Home, The, 1501 East Fort Avenue

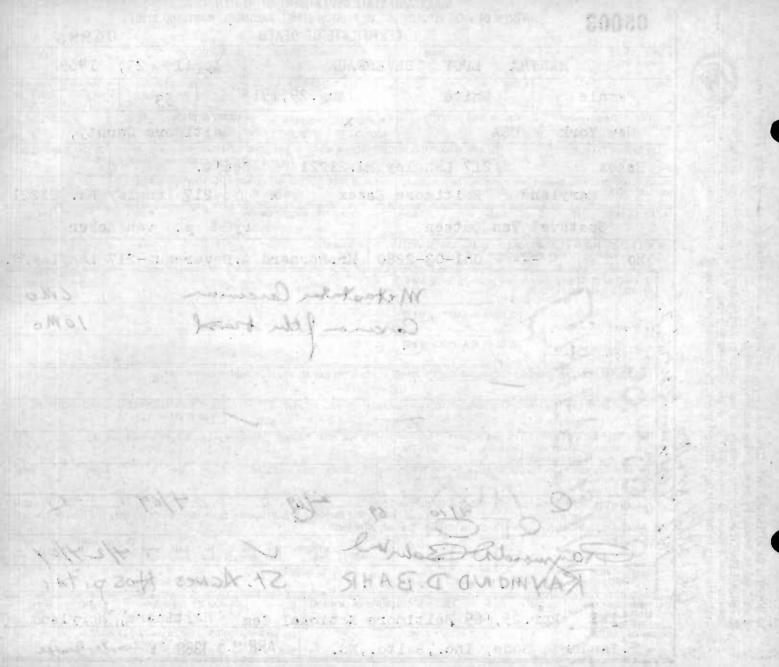
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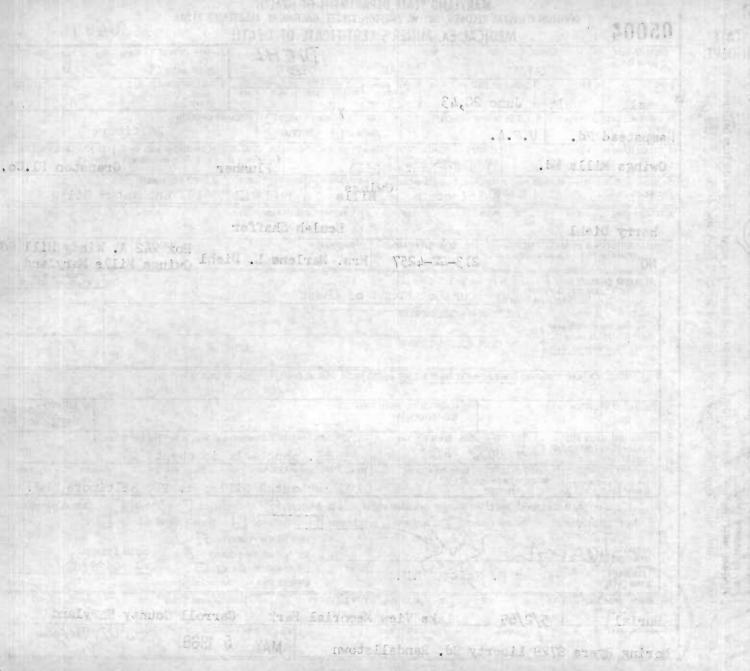
1.	DECEASED-NAME (Type or print) France	Middle C.	De ttmer	20. DATE OF DEATH Month 3 Do	y 69 Yeor 26. HOUR
3.	Female	4. RACE Caucasian	S. DATE OF BIRTH April 26	6. AGE (In yeors last biritizary) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (Stote or foreign untry) Maryland	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED CONTROL DIVORCED	9. COUNTY OF DEATH Baltimore	M
	Baltimore	give street of ess) Gler	Keith Blvd.	SUAL OCCUPATION (Kind of work done most of westing life eyen if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
od	mission) STATE Marylan		Baltimore 13d. INSIGE CITY OR TOWN Baltimore YES	NO□ 5128 Harford	Road 21214
	FATHER'S NAME First John	Middle Lost H. Deinlein	1s. MOTHER'S MAIDEN NAME Jenn	ie Neuberger	Lost
16	o. WAS DECEASED EVER IN U.S. ARA Yes no, or unknown) (If yes give w	and the district of the Control of t		M. Holland 1904 C	len Keith Blv
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUITIONS CONTRIBUTING TO DEATH BUT N	aremony of a	Exempling Colon OR CONDITION GIVEN IN PART 1(0)	1/15/69
MEDICAL CEDITICICATION	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy Yeor ner) P.M.	YES NO NO NOTICE (EN	nter noture of injury in Port 1 or Port 2,	Item 1B.)
W	While Not while of work of work of work of work of work 22a. I certify that (I) (the saw the deceased a causes stated abave 22b. SIGNATURE	is haspital) attended the deceas	bady after death. DEGREE ATTENDING PHYS. 22e. ADDRESS	pinian death accurred an the de	PATE SIGNED 3, 1969
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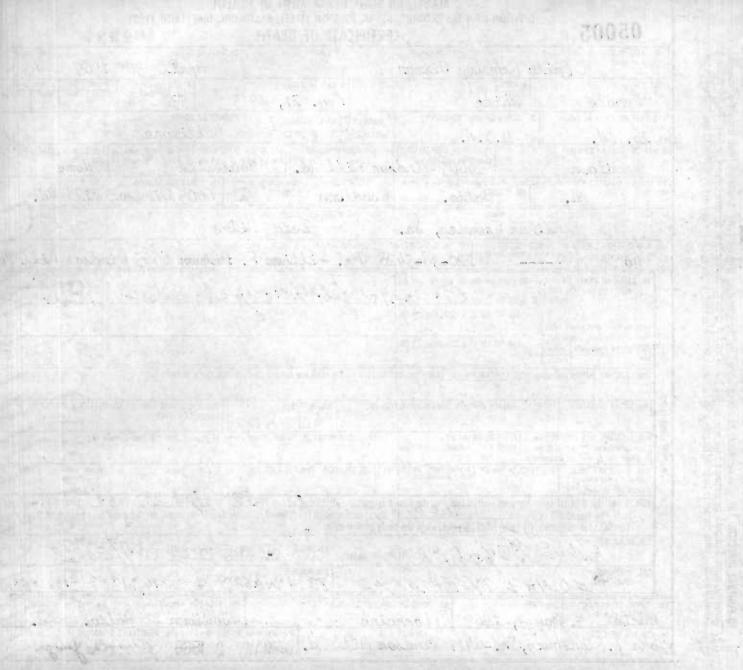
4 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	995
death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH	14969 2b. HOUR
the for	3. SEX Female White 5. DATE OF BIRTH Aug. 29, 1915 6. AGE (In years light birth day) YRS.	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.
4 haur d in by sers. P 72 hour	70. BIRTHPLACE (Stote or foreign Country) New York USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore Coun	ty, Md.
e executed within 24 haurs after death and completely filled in by the funeral remave carbon papers. Pages 1. nat n any event, within 72 hours the death		D. KIND OF BUSINESS OR DUSTRY
mplet ve car	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland Bb. COUNTY Baltimore Essex YES NO 217 Langley	Rd. 21221
be excended in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle P. Van Ac	ker
tificate ohysicia in pleas ival, an	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, Norunknown) (If yes give wor or dotes of service) 061-03-2280 17. INFORMANT Address Mr. Bernard A. Devereaux-217	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceeded 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionary page 3 shauld be detached far use as the burial-transit permit. Then please remay shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wetastate Carerian	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ires the ysician. ned by ial-trar	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
The law requires that attending physician, has been signed by se as the burial-train the priar to burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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iclan: pital ar prificate af far u	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor Iff either, natify medical examiner) 21b. TIME OF INJURY HOUR A.M. Manth Day Yeor P.M. 19	B.)
DING PHYSICI by the haspit frer this certif be detached State Dept. af	21d. INJURY OCCURRED At work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Country work at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	
ENDING by R. After Jid be the Stat	220. I certify that ((1) (this hospital) attended, the deceased from 19.67, and that in (my) (our) opinion death occurred on the date or causes stated abave (1) (we) (did) (did nat) view the body offer death.	, that(())(we) last nd hour and from the
OR ATTENI e retained IRECTOR: A 3 shauld d with the	22b. SIGNATURE 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR STAFF 22c. DATE-S PHYS. DIRECTOR PHYS. PHYS.	IGNED //cg
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u shauld be filed with the State Dept. af Heal	22d. PHYSICIAN'S RAYMOND D. BAHR 22e. ADDRESS ST. AGNES HOS P	itor
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Heal	REPURED Rpr. 25, 169 Baltimore National Cem Baltimore, M.	unty) (Stote) aryland
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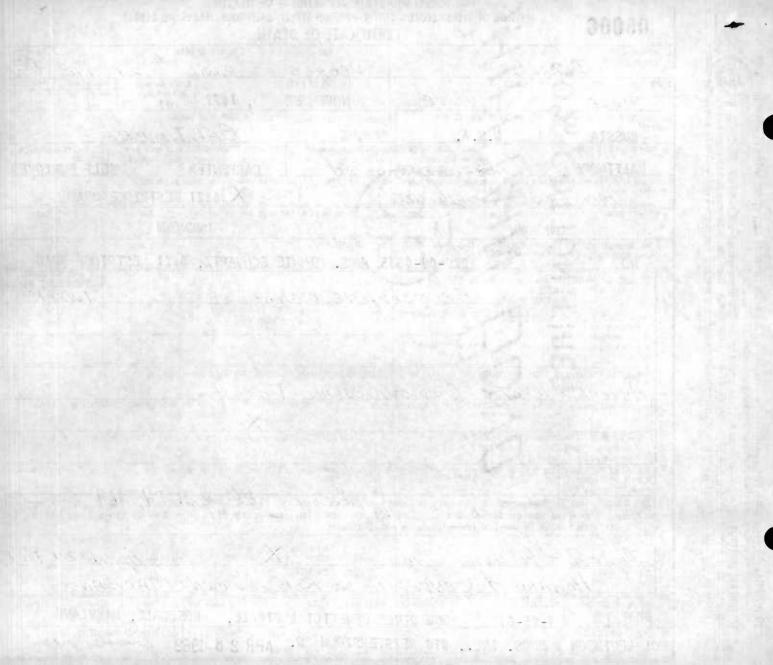


	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 049	96
HEALTH DEPT.	1. DECEASED-NAME First Middle LaD1EHL 20. DATE KNOWN Manth Day OF ESTI- DECEASED-NAME First Middle LaD1EHL 20. DATE KNOWN Manth Day OF ESTI- DEATH MATED X	Yeor 2b. HOUR
hin 24 haurs after death any delay is relief in term 18. Give Pages 1, 2, and 3 to nace's Office along with farm PM3. Page pages I and 2 with the State Department of hours after death.	3. SEX 4. RACE S. DATE OF BIRTH lost birthday) MONTHS DAYS HOURS MIN. April 20,43 April 29,	19 M 2d HOUR5 10:15 A. M
form form	70. BIRTHPLACE (Stote or foreign Country) The Country of DEATH Country Countr	Md.
death re Page with the Sta	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol lize. USUAL OCCUPATION (Kind of work done lize. KIN Owings Mills Md. lize street oddress) and Enchanted Hills 120. USUAL OCCUPATION (Kind of work done lize. KIN INDUSTR Piumber lize. Supplied to the property of the piumber lize. Supplied to the piumber	of Business or Pl.Co.
Hem 18. Giver 18. Giver 19. Giver along Office along office along offer death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admired by Tand 13b. COUNTY 15b. COUN	ills
s office s after	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Harry Diehl Beulah Shaffer	Last
within 24 pericil im- xammer's ile pages 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Marlene L. Diehl Box00242 A. Wir NO Wings Mills M	ndy Hill Rd
shauld be executed sward "pending" in the Chief Medical E urial-transit permit. F in any event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Chest DUE TO, OR AS A CONSEQUENCE OF (b) Stoting the underlying couse last. (c)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
This certificate s ficate, writing the be farwarded to d be used as a b or remaval, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. DATE OF OPERATION WAS PERFORMED?	O. AUTOPSY(Part) YESXX NO [
bical Examiner: This se execute the certificate, star. Page 4 should be fand far your files. ECTOR: Page 3 should be to burial, crematian, or ren	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Subj. shot self in chest 21d. LOCATION Street or R.F.D. No. City or Town Count AT WORK AT WORK AT WORK 103 Enchanted Hills, Apt T1, Baltimo	ty State
ry blease ral director e retainer to boriar to	death resulted fram: Natural causes Accident , Suicide Hamicide , Undetermined manner ACTUAL SIGNATURE ACTUAL SIGNAT	nd in my apinian
TO DEPUT necessory the fune 5 may b TO FUNER Health	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5 1000	
10M REV 1/68	Toring Ryers 8728 Liberty Rd. Randallstown DAMAY	



		1			D STATE DEPARTMEN		DVIAND GLOOT	
			05005	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DE		049	97
5	death.		PECEASED-NAME First Type or print) Emily	Middle	Last	2g. DATE OF	DEATH	1989 26. HOUR
	th for the for the formal suggest the formal suggest the formal suggest the formal suggests the formal sug	3. 9	Female	4. RACE White	S. DATE OF BIRTH Aug. 21	·	Jost birthday) YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
•	in 24 hours (illed in by the papers. Pagents) hin 72 haurs	Ba	BIRTHPLACE (Stote or foreign 7 ntry) Lto Md CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? $U.S.A.$ 11. NAME OF HOSPITAL OR IN:	8. MARRIED NEVER MARRIED WIDOWED DIVORCED STITUTION (If nat in haspital	Bal	timone (Kind af wark done	M 12b. KIND OF BUSINESS OR
	ecuted within 24 ho campletely filled in ave carbon papers. y event, within 72 ho	13a 3 adn	Woodlawn USUAL RESIDENCE (Where deceased issian) STATE	give street address) wind blived, if institution: Residence before 13b. COUNBalto.	13c. CITY OR TOWN 13d. II	during most of working Housews. NSIDE CITY LIMITS? 13e. ST	REET AND NUMBER 05 Windson	Mill Rd
	an and cal		FATHER'S NAME First Anti	hur Crowley, Sr.	is. Mother's maiden Zet	NAME First	Middle	Last
	physician plea plea plea plea plea plea plea plea	160	No	or dates of service) 220-38-54	28 Mr. Willi	am F. Ditm	an 6605 Wi	APPROXIMATE INTERVAL
1	AN: The law requires that the death certificate be executed within 24 hours after death all or attending physician. icate has been signed by the attending physician and campletely filled in by the fonest far use as the burial-transit permit. Then please Temave carbon papers. Pages Trand Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after beauth		PART I. DEATH WAS CAUSED IMMEDIATION Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	one cause per line for (a), (b), ond (c). BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT N	reposit for for hair	FASE OR CONDITION GIVE	N IN PART 1(0)	BETWEEN ONSET AND DEATH
17	The atternation has se a th put	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE		20b. IF	YES, WERE FINDINGS CON S OF DEATH?	SIDERED IN CERTIFYING
	rsici aspit certif hed hed	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine) 21d. INJURY OCCURRED 21e. Pl	r) HOUR A.M. Month Day Year P.M.	21c. HOW INJURY OCCURRI 27 TORY.) 21f. LOCATION Street or			m 18.) County State
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far upshauld be filed with the State Dept. af Heal		saw the deceased aliv	hospital) attended the decease	ed from from g	1952, to //	accurred on the date	that (I) (we) la and haur and fram th
	O HOSPITAL OR A Page 4 may be ret O FUNERAL DIREC director, page 3 si		22d. PHYSICIAN'S NAME (Type) EDWI	Winford, M.D.	DEGREE ATTENDING PHYS. 220. ADDRESS 3224	MED. DIRECTOR D	STAFF PHYS. D 4/	30/69 87 MARYLLAND
	Page direct	74	BURIAL (REMATION, 23b. DA REMOVAL (Specify) FUNERAL DIRECTOR	3. 1969 Lorr	CEMETERY OR CREMATORY	. REC'D BY REGISTRAR	awn Bal 25b. REGISTRAR'S SIG	(County) (State) to Md. GNATURE
	30M REV. 1/68	8	ohn T. Stansburg	y, Sr6411 Winds	or Mill Rd. DA	TE MAY 2 K	360 Jolian	les judge



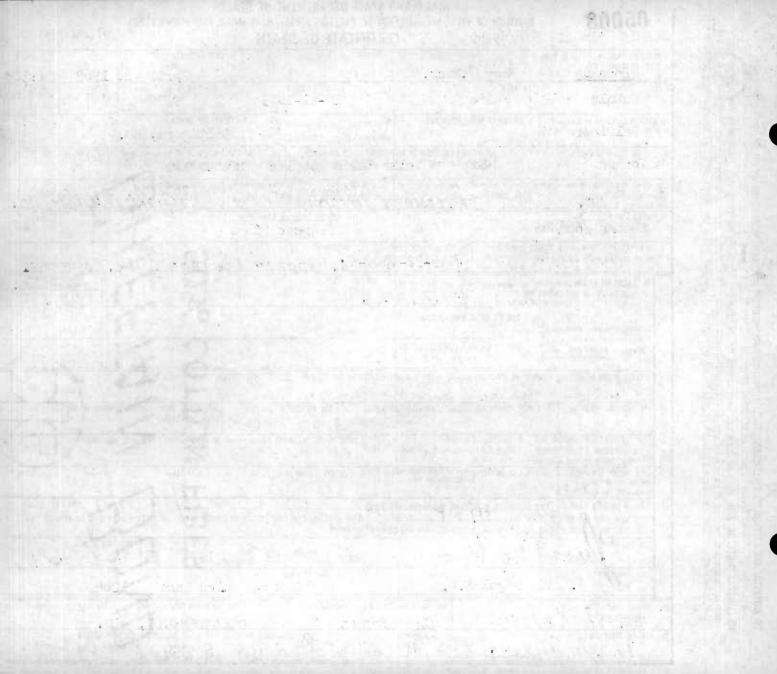


	1	0500		STATE DEPARTMENT OF		
	13	05007	DIVISION OF VITAL RECORDS, 3	ERTIFICATE OF DEATH		04999
CTOR: After this certificate has been signed by the attending physician one completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please femove carbon papers. Pages I and 2 should be detached for use as the buriol-transit permit. Then please femove carbon papers. Pages I and 2 with the State Dept. of Health prior to buriol, cremation, or removal, and in one event, within 72 bours after death.		ECEASED-NAME First Type or print) JOSEP	Middle H FRANCIS	Last DOEMLING SR	APRIL Montale, Do	2b. HOUR 1969 Year 6: 30 Am
in by the funeral rs. Pages I and I	3. S	X MALE	4. RACE WHITE	S. DATE OF BIRTH 2/1/92	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
ove corbon papers. Po y event, within 72 bours	70. cay	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
ony event, within	10.	FORT HOWARD, MD	11. NAME OF HOSPITAL OR INST	TUTION (If not in haspital 12a. US during)	UAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR INDUSTRY
eveni,	13o. adm	USUAL RESIDENCE (Where deceased ission). STATE MAR YLAND	lived, if institution: Residence before	3c. CITY OR TOWN BALTIMORE 13d. INSIDE CITY YES X	The state of the s	EW AVENUE
1		FATHER'S NAME First GEORGE	Middle Doemh	15. MOTHER'S MAIDEN NAME MAI	First Middle RGARET	Lost MICHAEL
40/0	160	was DECEASED EVER IN U.S. ARME es, no orunknown) (If yes give wor WW	or dates of service)		Address RDS, VAH, FT. HOWA	
or removed, and it		PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c).) BY: CHRONIC RES	PPIRATORY FAILURE	C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NONTHS
buriol, cremotion, or remove		Canditians, if any, which gave rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF CHRONIC GRA	NULOMATOUS DISEAS	SE OF LUNGS	YEARS
iol, crer		stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
to bur	N.	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
. 1	CERTIFICATION		INDITION FOR WHICH OPERATION WAS PERF	AEZ NO [_	S
	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		ter noture af injury in Part 1 or Port 2,	Item 18.) .
	ME	21d. INJURY OCCURRED While Nat while of wark	ACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			County State
the Stot		22a. I certify that (1) (this saw the deceased aliverages stated phase	hospital) attended the deceosed te an APR 19 19 (2) (we) (did) (did natiview the b	from APR 17, 19. 69, and that in (144) (our) o	69, to APR 19, 19 pinian death accurred on the do	69 , that (1) (we) lost are and have and fram the
3 sho		22b. SIGNATURE	a Carlos b	DEGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR PHYS. 22c.	DATE SIGNED 4 19 69
director, page 3 should be detached for use os the buriol-tronsit permit. Then please Jemove corbon pages should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within	<u></u>	22d. PHYSICIAN'S APFONS		22e. ADDRESS VAH, FT	. HOWARD, MD.	
shoul			3/L 22 1969 HOLY REI		23d. LOCATION (City or Town) BALTIMORE, MD	
VR A15 (4) W REV. 1768		FUNERAL DIRECTOR DIPPEL DUNERAL	7110 BEIA BALTO., N	IR RD 2Sa. RECP	R R 2 S 2 AR 1969Sb. REGIDAR	SIGNATURE LEAGUE

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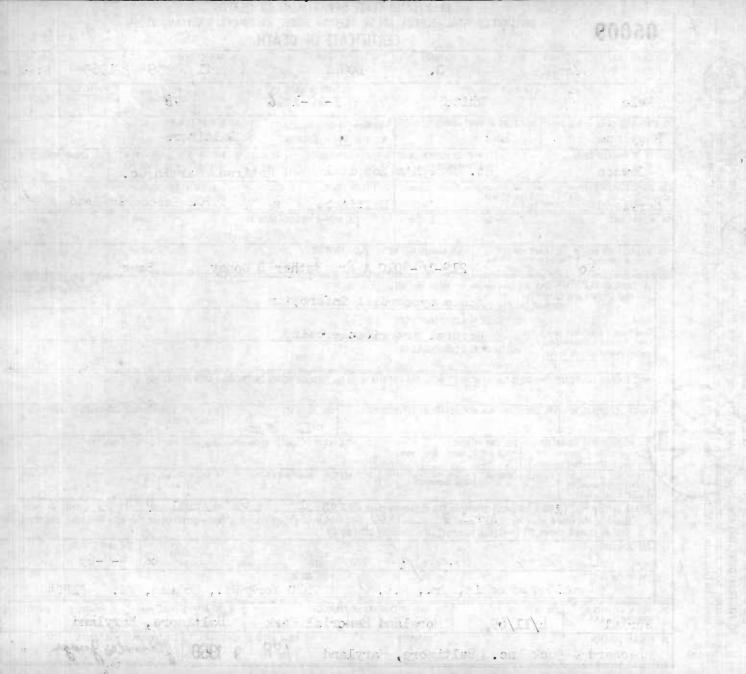
	1,	It	05008 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Seml3 FilmG412 5/8/69 kk CERTIFICATE OF DEATH	05000
ter death.	function of the depth.	1 D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH Ype or print) Mary G.Miss. X 4. RACE S. DATE OF BIRTH 6. AGE (In years)	2b. HOUR 2 Sept 1969 6:30 M If under 1 Year IF under 24 Hrs. ONTHS 1 DAYS HOURS MIN
24 haurs of	ed in by the apers. Page n 72 hours a		Female White 10-21-1873 loss dirithdoy) YRS. MI BIRTHPLACE (Stote or foreign My) Baltimore Md TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done))	Md.
executed within 24 haurs after death	nd campletely fill emave carban p any event, withi	13o. odm	TOWSON Giff treet oddress tella Maris Hospi during most et werking life, even if retired.) USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c (1TY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER PROPERTY 170 150	12b. KIND OF BUSINESS OR INDUSTRY aul Street Lósr
ceptificate be	physician ar nen please r			MONUMENT APPROXIMATE INTERVAL
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The law requi	ar affending phy e has been sign use as the bur alth priar to bur	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	
NG PHYSICIAN:	y the haspital of er this certificat e detached far ate Dept. af Heo	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While Not while	County State
9	be retained by DIRECTOR: Afte ge 3 shauld be led with the Ste		DEGREE ATTENDING MED. STAFF U Y-	e and haur and fram the
TO HOSPITAL	Page 4 may be TO FUNERAL DIR directar, page 3 shauld be filed a		REMOVAL (Specify) 5/1/69 CATHEDRAL BALTIMORE, MI	(County) (Stote)
	VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Means 805 N. Calvert St. DATE MAY 5 1969 given	GNATURE Quesque



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05009 05001 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 haurs after deoth (Type ar print) JAMES DONEY Month Q Day 196 Geor April 4:40 A G. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3-10-1894 lasy arthady) Male White ZHTIAGM PALICH physician and completely filled in by the no please Temove carban papers. Pagevol, and in any, event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland USA Baltimore WIDOWED 124 DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR during most of working life, eyen if retired.)
Retired Martin Co. INDUSTRY Hospital Towson 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland .13b. COUNTY NO T Baltimore 5702 Beechdale Road 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First Lost Last 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown), (If yes give war or dates of service) buriol, cremation, or removol, 219-16-8010 Mrs Esther B Doney Same the attending phy sit permit. Then APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) ____ Acute myocardial infarction BETWEEN DISET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gave (b) General arteriosclerosis rise ta immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retoined by the hospitol or ottending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ad for use af Health p use YES 🔲 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while of work 22a. I certify that (K (this haspital) attended the deceased from March 31 , 19 59 , to April 9 , 19 69 , that (A) (we) last sow the deceased olive an April 9 19 69 , and that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the couses stoted above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 4-9-69 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Gualberto Gokim, Jr., M.D. 7620 York Rd., Towson, Md. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, BEMOVAL (Specify) Moreland Memorial Park Baltimore, Maryland 2Sa. REC'D BY REGISTRAR
APR 9 196 24. FUNERAL DIRECTOR VR A15 (4) Leonard J Ruck Inc. Baltimore, Maryland 3DM REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Firet Middle Lost 2g. DATE KNOWN I Month (Type or Print) ESTIdelay i. nd 3 to Page Carroll M. Donnelly of DEATH MATED 4. RACE IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED PM3. F male white April 8, 1910 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED DNEVER MARRIED with form country Balto. Md. Baltimore USA WIDOWED [DIVORCED [land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired. INDUSTRY
Retired Fireman Balto City give street address) 963 Fairmount Ave. Towson Item 18 Give oland 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Md. Balto. 963 Fairmount & Ave, YES NO e certificate, writing the word "pending" in pencil in Item L should be forwarded to the Chief Medical Exominer's Office after First 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Martin Donnelly Ella J. McNally hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, na, ar unknown) 216-05-2254 Mrs. Helen C. Donnelly Same File no APPROXIMATE INTERVAL within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise to immediate couse (a). certificate should the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote. YES [be 21g. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should 0 MEDICAL HOUR A.M PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town State County foctory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autoper (Inspection [Inquiry and in my apinian director. Suicide Hamicide death resulted fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL the funerol SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type 0 23a. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Balto. 4/8/69 Md. buria] New Cathedral 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1969 Mitchell-Wiedefeld Home 6500 York Rd. Balto. 10M REV. 1/68 Md. 21212

MARYLAND STATE DEPARTMENT OF HEALTH

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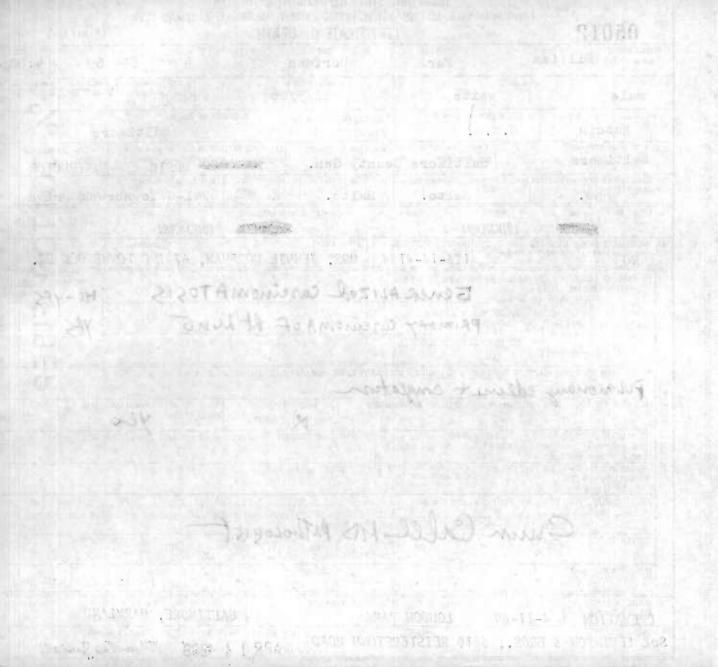
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11. 1		05011		D STATE DEPARTMENT	OF HEALTH BALTIMORE, MARYLAND 21201	
7	I	tem6 FilmG411		ERTIFICATE OF DEA		05003
€\ =2€	1. D	ECEASED-NAME First Type or print)		Last	2a. DATE OF DEATH	2b. HOUR
death death death		Jam		Donnelly	April 13	1969 12:45
a te	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
S S	70	male BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	5-16-18		
in bers.	cau	Ireland	U.S.A.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED		
illed pap	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital	20. USUAL OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
within within ban pa		Towson	give street address) St.		uring most of working lite even if retired.)	Farm
execoted within 24 had and completely filled in remove carbon papers. In any event, within 72 h	13a. adm	USUAL RESIDENCE (Where deceo issian) STATE	osed lived, if institution: Residence before 13b. COUNTY Baltimore	13c. CITY OR TOWN 13d IN: Baltimore YES	NO 3 13e. STREET AND NUMBER	
execution of carried any e	14	FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN	T) Dingen 1	
lin a	14.	James Doi			lizabeth Donnelly	Last
physician be physician and in please and it	160	WAS DECEASED EVER IN U.S. AR (15/15/25/2012)	MED FORCES? wor or dates of service)		Address	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the tweral stacked far use as the burial-transit permit. Then please remove carban papers. Page 1 and Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 house after death		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	inly ane cause per line far (a), (b), and (c).)		inal bleeding	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the a burial-transit pe burial, crematia		Conditians, if ony, which gove rise to immediate cause (o), stating the underlying cause	1 (b) hyprop	rothombi.	nemina	
V: The law requires the ar attending physician. The has been signed by ruse as the burial-transalth priar to burial, cre		PART 2. OTHER SIGNIFICANT CO) (c) NOTIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE ORCONDITION GIVEN IN PART 1(a)	
PHYSICIAN: The law re the haspital ar attending this certificate has been detached far use as the e Dept. af Health priar ta	CERTIFICATION		. CONDITION FOR WHICH OPERATION WAS PER	YES 🔀	NO CAUSES OF DEATH?	
SICIAN: The spital ar attended for use af Health 1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exami	HOUR A.M. Manth Day Year iner) P.M. 19		(Enter nature of injury in Port 1 or Port 2, 1	tem 1B.)
DING PHYSIC by the haspit (fer this certi be detached State Dept. af	2	While Not while at work		ORY.) 21f. LOCATION Street or R		Caunty State
A ATTENDING retained by the ECTOR: After 13 should be divided with the State		saw the deceased of causes stated above	his haspital) attended the deceased alive an 15 19 re, X) (we) (did) (XXXXX) view the b	d fram 4-13- 69, and that in (64) (as ady after death.	, 19 <u>69</u> , ta <u>4–13</u> , 19 <u>6</u> ur) apinian death accurred an the dat	te and haur and from the
OR AT OR AT OR AT ORECTO		22b. SIGNATURE LC	illia 17.	D. DEGREE PHYS. [- MED - STAFE -	PATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifica director, page 3 should be detached far should be filed with the State Dept. af He		22d. PHYSICIAN'S NAME (Type)	e CILLIANI	M.D. 22e. ADDRESS	1113.	
TO HO: Page TO FUN direct		REMOVAL (Specify) Ap		emetery or crematory n's Cemetery	23d. LOCATION (City or Town) Long Green, Balto	(Caunty) (State)
VR A15 45M - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24.	LIMEDAL MULTTIN	s' Sons, Towson, Ma	But I mend	APR 1 8 1969 FELLO	SIGNATURE Judge

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MAKILAND STATE DEPARTMENT OF MEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05004 CERTIFICATE OF DEATH by the funeral Rages 1 and 2 rours after death. 1. DECEASED-NAME William Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Dorfman 8 Doy 69Yeor Earl 4 Manth 4:00.p 3 SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. white 11/5/86 last birthday) male HOURS 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Russia and completely filled in U.S.A. WIDOWED [DIVORCED [Baltimore remave tarban paper n any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Baltimore Baltimore County Gen. during most of working life, even if retired.) burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Balto. YES 🔀 NO 6741-C Townbrook Drive Balto. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle UNKNOWN UNKNOWN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ac unknown) (If yes give war ar dates of service) 126-14-4184 MRS. JENNIE DORFMAN, 6741 C TOWNBROOK DR. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Bener ALIZED Careinom ATOSIS permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF careinomA of At LUNG signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a). TO HOSPITAL OR ATTENDING PHYSICIANS THE CONTROL PAGE 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by discrete name 3 should be defacted far use as the burial-transfer name 3 should be defacted far use as the burial-transfer. DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) d far use as the af Health priar ta 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) ottended the deceosed from... . 19_ saw the deceased alive on couses stated above, (1) (we) (did) (did not) vew/it/e bady after death) , and that in (my) (our) apinian death accurred on the date and have and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS URO BALT (POLITO 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (State) BALTIMORE, MARYLAND 4-11-69 LOUDON PARK 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., 6010 Misules Judge. DATAPR 1969



VIB		DIVISION OF VITAL RECORDS	, 301 W. PRESTON STR			
-	05013		CERTIFICATE OF DEATH		05005	
death.	(Type or print)	rst Middle EON	Lost DOROSZ	20.	DATE OF OEATH 4 Manth 14 Doy	69 9:20 M
within 24 haurs offer death by filled in by de type on papers. Pages Fond within 72 hours after death	3. SEX MALE	4. RACE CAUCASIAN	S. DATE OF BIR	RTH -11-09	6. AGE (In years last birthea)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 haurs 1 in by sers. P	7a. BIRTHPLACE (State or fareign country) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	NILU	INTY OF DEATH BALTIMORE	Md.
e executed within 24 h	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL OR II give street oddress) GREAT BALT	NSTITUTION (If not in haspital MED CENTER	120. USUAL OCC	UPATION (Kind af work done working life even if retired.)	126. KIND OF BUSINESS OR THOUSTRY Fair Cory
amplete or cark	13a. USUAL RESIDENCE (Where decodmission) STATE Maryle	eosed lived, if institution: Residence before		YES NO	13e. STREET AND NUMBER 8113 Bellona	Avenue
be exe se remo	14. FATHER'S NAME First Anthony Oc	Middle Last	Is. MOTHER'S MAI		Middle	Lost
ificate hysicia pleas ral, and	160. WAS DECEASED EVER IN U.S. Yeuna, ar unknawn) (If yeun	ARMED FORCES? ve war or dates of service) 217-03-0	-	records	Address	
equires that the death certificate be examply sicion and consistency burial-transit permit. Then please remaind, crematian, ar remaval, and in any	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAI 1562	only ane cause per line for (o), (b), and (outline of section of section) on the section of section	FA ILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hrs
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The law req attending p has been si se as the bith priar to bu	N C	9b. CONDITION FOR WHICH OPERATION WAS F			20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached far use as the burial-transit permit. Then please remave carban papers. Pours the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours	ot work of work 220. I certify that (I)	(OFFICE BUILDING, ETC.) (NOX NOX OX OTTENDED THE DECEO Olive on 4-14 ove, (1) (we) (did) (disk not kniew the	sed from 4-25			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, creating the state Dept.	22b. SIGNATURE 22d. PHYSICIAN'S	CHARD SMITH, M.D.	ATTENDING PHYS. 22e. ADDR	DIRECTO DIRECTO	STAFF CAR	DATE SIGNED -15-69 BALT, MD
TO HOSF Page 4 To FUNE directar should	23a. BURIAL, CREMATION, 23	b. DATE 23c. NAME O	F CEMETERY OR CREMATORY (ross (emetery)		LOCATION (City or Town)	(Caunty) (State)
VR A15 (4)	24. FUNERAL DIRECTOR JUNE 1844	ns Jons John	word.	250. REC'D BY REGIDATE APR 1	STRAR 25b. REGISTRAR'S	SIGNATURE JUNE

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	Ma l e	4. RACE White	S. DATE OF BIRTH	, 1883.	6. AGE (In years last birthday) 95 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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	CITY OR TOWN OF DEATH TOWSON	give street address)	Convalescent Home	12a. USUAL OCCUPATI during most of work Retired	ON (Kind of work done ing life, even if retired.)	12b. KIND OF E INDUSTRY Milli	BUSINESS OR nerv
13c odr	n USUAL RESIDENCE (Where decear missian) STATE Md.	ed lived, if institution: Residence b		INSIDE CITY LIMITS? 13e.	STREET AND NUMBER 2958 Harfor		
14.	FATHER'S NAME First	Middle Dorsey	1S. MOTHER'S MAIDE	N NAME First	Unknown		Last
160	yes, no, or unknown) (If yes give v	AED FORCES? vor or dates of service)		W. Dorsey	, 9121 Cover	red Brid	lge Rd.
	PART I. DEATH WAS CAUSE	ly ane cause per line far (a). (b) and D BY: ATE CAUSE (a)	AE Cardiae	Figili	15	APPROXIM BETWEEN ON	NATE INTERVAL ISET AND DEATH
	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE	E OF Certeriose	Peronis			
	rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	E OF				
	ACCOUNT OF THE PARTY OF THE PAR		UT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION G	IVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	AS PERFORMED 20a. AUTOPSY		. IF YES, WERE FINDINGS O	CONSIDERED IN CE	RTIFYING
MEDICAL CER		H HOUR A.M. Manth Day	Year 21c. HOW INJURY OCCURR	ED (Enter nature af i	njury in Part 1 ar Part 2,	Item 1B.)	
MED	21d. INJURY OCCURRED While Not while at work		19 21f. LOCATION Street or	R.F.D. Na.	City ar Tawn	Caunty	State
	22a. I certify that (I) (the	ive on April 3	eased from NOV 10	, 19 <u>68</u> _, ta_ aur) apinian deat	April 30, 19 h occurred on the do	69, that	(I) (we) la
	causes stated above	, (I) (we) (did) (did not) view	the bady after death.	MED.	22c.	DATE SIGNED	10
	22d. PHYSICIAN'S NAME (Type)	RENCE C. to	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L	STAFF PHYS. 1	130/6	>7
230	BURIAL, CREMATION, 23b. I	DATE 23c. NAM	E OF CEMETERY OR CREMATORY rkwood Cemetery	23d. LOCA	altimore Md MION (City or Town) altimore, Mo	(Caunty)	(State)
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	05015		CERTIFICATE OF DEATH		15007
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urs after y the fu Pages 1 urs after	3. SEX Ma l e	4. RACE Caucasian	5-16-18	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7 0 0	7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	Md.
ed within 24 ho pletely filled in I corbon papers.	ID. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL OR INS give street oddress) Greater Balto	Med. Center	UAL OCCUPATION (Kind of work done mast af warking life, even if retired.)	12b. KIND OF BUSINESS OP O INDUSTRY
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	or contributing □ Cause of Dea (If either, notify medical exami	TH HOUR A.M. Manth Doy Year ner) P.M. 19		ter noture of injury in Port 1 or Port 2,	Item 18.)
G PHY:	While Nat while of work	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street ar R.F.D. h		Caunty State
OR ATTENDING PHYSICIAL be retained by the hospital SIRECTOR: After this certifice e 3 should be detached for ed with the State Dept. of He	saw the deceosed courses tated obov	is haspital) ottended the decease live on 4/16 1 e, (I) (we) (did) (did not) view the	959 and that in (my) (our) a	pinion deoth occurred on the d	
D HOSPITAL OR ATTENI Poge 4 may be retained 5 FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	22b. SIGNATURE	E. Alam	DEGREE PHYS. 22e. ADDRESS	MED. STAFF PHYS. 🛛 4	DATE SIGNED / 16/69
TO HOSPITAL of Poge 4 may be filed inched. Poge 5 should be filed inched.	NAME (Type) John		Greater CEMPFERY OR CREMABORY	Baltimore Medical [23d. LOCATION (City or Town)	(County) (State)
00 0 VR A19(1)	24. FUNERAL DIRECTOR	40ffmann 32	8 Guelen DATE AP	BY REGISTRAR 2Sb. REGISTRAR'S	S SIGNATURE SIGNATURE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05016 CERTIFICATE OF DEATH 05008 1. DECEASED-NAME Middle. 20. DATE OF DEATH death. 2b. HOUR death. (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 9-29-87 lost birstday) (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore County DIVORCED X WIDOWED [ENNSY VANION signed by the attending physicion and completely filled burial-tronsit permit. Then please remarke corban pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR Randallstown give street poddressb Co Gen Hosp. during most of working life, even if retired.) **INDUSTRY** 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN event 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Balto. odmission) STATE Md. Balto. 3628 Eitemiller Rd. NO X YES andimany 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Charles Coleman Annie Mav 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, norgrunknown) buriol, cremation, or removol, Balto. Go. Gen. Hosp. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIȚION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director name 3 should be detached for use as the director, page 3 shauld be detoched for use as the should be filed with the Stote Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPS/? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES [NO 1 TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Yeor P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 1965 to saw the deceased alive on_______19____, and that causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. __, and that in (my) (our) opinion death accurred on the date ond haur and from the 22b. SIGNATURE ATTENDING DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS VANASIN NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) ORRAINEL 1969

MARYLAND STATE DEPARTMENT OF HEALTH

	Items10,11,13,14 &15	MARYLAND	STATE DEPARTMENT OF	HEALTH	05000
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		5017 CE	RTIFICATE OF DEATH		
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hours S. P	7o. BIRTHPLACE (Stote or foreign 7b. CITIZE	OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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in 2 fille pap hin	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT		AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
executed within 24 to completely filled in smove corbon papers only event, within 72 to corporate to corporat	Towson	give street oddress) Greater Balti	more Medical Cent	ost of working life, even if retired.)	INDUSTRY
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omplower complete com	admission) STAIE 13b. CC	UNIT	Baltimore YES N	□ 1101 Merid	ene Drive
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ore be executed vician and complete eose remove cortain and in ony event,	Donald	Duke	Fr	ances	Duke
	160. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unknown) (If yes give war or dates of so	? 16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
No sky sky	res, no, or unknown)	i vice)			
o = E	18. CAUSE OF DEATH (Enter only one cous	e per line for (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death attendii permit. ion, or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (GRAM NEO	ROD SEPTICEMIA		
e d afte on,	2/50 DUE 1	O, OR AS A CONSEQUENCE OF			
t the sit p	Conditions, if ony, which gove)	b) GRAM NEO	PYODERMIA AND	PNEUMONIA	
tho on. by ran ran	stating the underlying couse DUE T	O, OR AS A CONSEQUENCE OF			
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PHYSICIAN: The law requires that the death te hospital or attending physicion. his certificate has been signed by the attendin estoched far use as the buriol-transit permit. Dept. of Health prior to buriol, cremation, or re	PART 2. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
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e la fence s bi as orrio	196. DATE OF OPERATION 196. CONDITION NON E 216. ACCIDENT WAS UNDERLYING 1216.	FOR WHICH OPERATION WAS PERFO		2Db. IF YES, WERE FINDINGS CO	
IAN: The Indian The Indian of a steel ficate has Indian to as Indian Ind	NONE		YES X NO		
AN: ol ol cate far u		TIME OF INJURY R A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2, 1	tem 18.)
SICI spite ed 1 ed 1	(If either, notify medical examiner)	P.M. 19			
DING PHYSIC by the hospi (fer this certi be detoched State Dept. of	21d. INJURY CCCURRED 21e. PLACE OF II	AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County Stote
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OR ATTENDING be retained by the INECTOR: After in State is 3 should be dead with the State	22a. I certify that (I) (this haspite saw the deceased alive an	A PRTL 8	from MARCH 29, 19	69, to APRIL 8, 16	9, that (I) (we) last
A ATTENI retained ECTOR: A 3 shauld with the	causes stated abave, (I) (we)	(did) (did nat) view the ba	dy after death.	illian deam accorred an the gar	e and havr and fram the
A S S S S S S S S S S S S S S S S S S S	22b. SIGNATURE	,		22K. D	ATE SIGNED
OR be r be	Charles C. 03	roun, MID.	DEGREE PHYS.	MED. STAFF PHYS. A F	PRIL 8,1969
MTAL 0 moy be RAL DIF , page be filed	22d. PHYSICIAN'S NAME (Type)	#441 P. M	22e. ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detoched far use as the should be filed with the State Dept. of Health prior to	CHARLES (-/	6701 N.	CHARLES STREET	!
HO Bge Bge Fur Fur hou	23o. BURIAL, CREMATION 23b. DATE	23c. NAME OF CEN	METERY OR CREMATORY	23d. LOCATION (City or Town)	(Sounty) (Stote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ny delay is 2, and 3 ta PM3. Page ESTI-CTARA April 11, 69 ELTZABETH DUNKERBERGER : 30A DEATH MATED 3 SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR April Day Year Female. White March 6.1932 :30A 37 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Del alang with farm U.S.A. Maryland WIDOWED TO DIVORCED [7] Give Pages with the State Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street oddress)
2410 Cidermill Road during most of working life, even if retired) INDUSTRY Manager Farmers Market Baltimore death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Balto. 2410 Cedarmill Road Balto. YES NO T 24 haurs Office after Herry 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Middle Charles Adam Roveroft Catherine Clark S haurs pages Examiner 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT be executed within ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 218-26-0615 John Roycroft 2911 Rayshire Rd 72 File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. farwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise ta immediate cause (a), This certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 2 gud PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES | NO X shauld be Б 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL Unk. PM 4-11-PRIMARY OR CONTRIBUTING crematian, Subj.shot by husband who inturn shot himself CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) Bedroom-Home NOT WHILE 2410 Cidermill Rd. M.D. Balto. Balto. far 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection x Inquiry and in my apinian may be retained FUNERAL DIRECT death resulted fram: Natural causes . Accident Suicide Hamicide x Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED 1/69 ASSISTANT MEDICAL EXAMINER SIGNATURE Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, ar caunty) the 0 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11/11/69 New Cathedral Baltimore, Maryland Burial 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATU VR A15ME (5) Leonard J Ruck Inc. Baltimore, Maryland 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

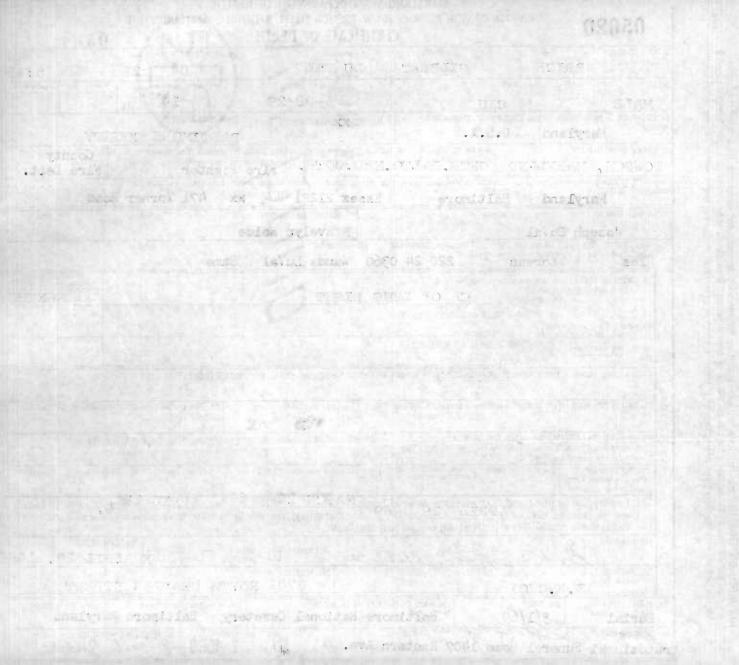
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05011 05019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle 2g. DATE KNOWN Manth Doy Year (Type or Print) MARLIN FOSTER April 11,19697:30 A Page DUNKELBERGE 0 DEATH MATED delay 'n 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR pup PM3. lost birthday) 1/28/1920 April Day Male White Year 7:30A 49 YRS. Depoi 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED along with form country) Pa WIDOWED TA IISA DIVORCED [Baltimore 8) Give Poges Tond 2 with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
2410 Cidermill Road during mast of working life, even if retired.)
Auto Mechanic INDUSTRY Baltimore Auto 13d. INSIDE CITY LIMITS? deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Maryland 3b. COUNTY admission) STATE 2410 Cidermill Rd. Balto. YES NO 24 Balto. 24 Hours Item Office after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle Inst Curtis Dunkenberger Pearl Crowl poges hours the Chief Medical Examiner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS be executed within (Yes, no, ar unknown) Blank Funeral Home Sunbury Pa 17801 167241520 File APPROXIMATE INTERVAL .= within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" Gunshot wound of head IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if ony, which gove rise to immediate cause (a). This certificate should ony writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying cause = Poge 4 should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS removal CERTIFICATION 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO X pe 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY TO OR CONTRIBUTING cremotion, EXAMINER: Self-inflicted P.M. 4-11- 1969 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f, LOCATION Street or R.F.D. Na. City or Town County Stote factory, affice building, etc.) WHILE NOT WHILE X Bedroom-Home 2410 Cidermial Rd. Balto. Balto. buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion director. Suicide [x], death resulted fram: Natural causes Accident Undetermined manner Homicide CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL **SIGNATURE** 4/11/69 DEPUTY MEDICAL EXAMINER Ronald N. Kornblum, M.D. 5 moy 100 FUNE **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) Burial (Specify) Millers Crossroads Cem Sunbury 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 2So. REC'D BY REGISTRAR

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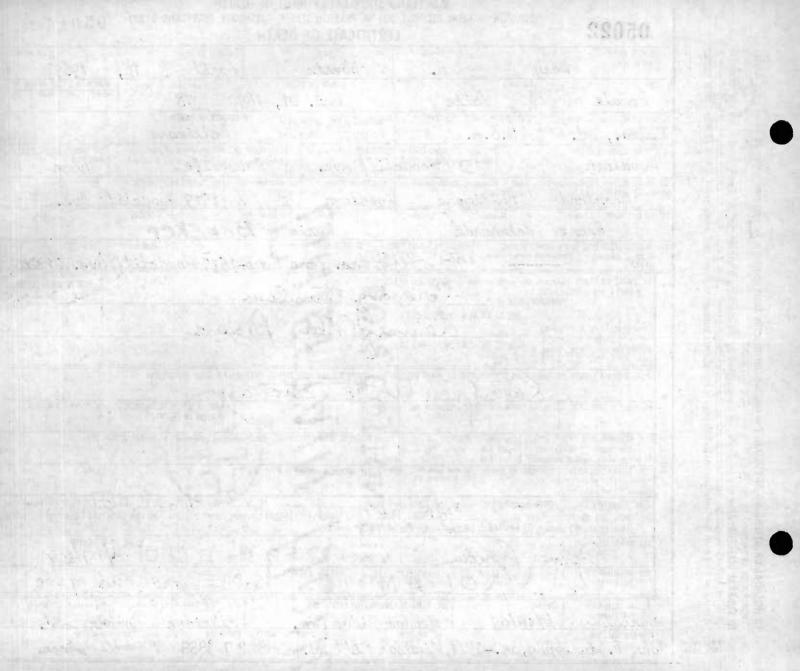
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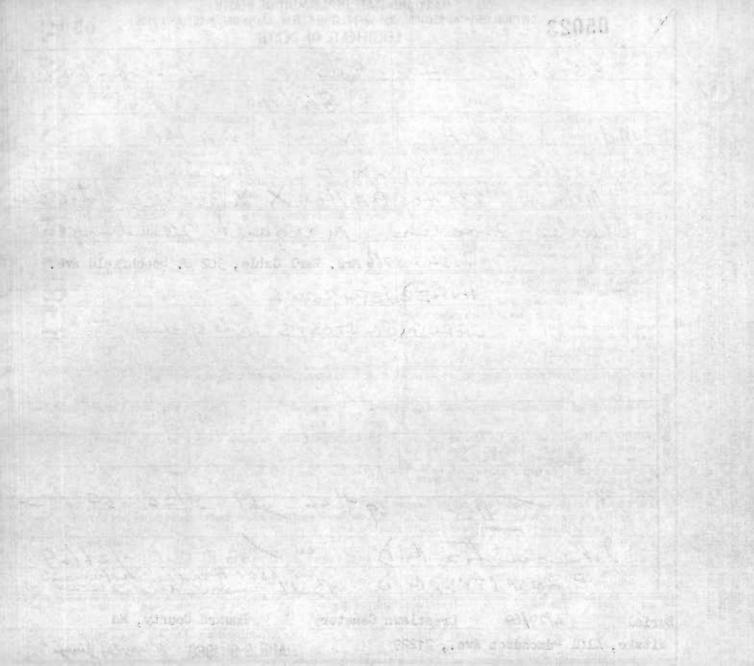
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er death.	1. DECEASED-NAME (Type or print) BF	First RICE	Middle GILBERT	DU VAL	20	DATE OF DEATH	1		2b. HAM 5:45M
	3. SEX MALE	4. RACE	·Ū	5. DATE OF 1	BIRTH 8-29	6. AGE (In y	1y) M		IF UNDER 24 HRS. HOURS MIN
	7o. BIRTHPLACE (Stote or fore country) Maryl		F WHAT COUNTRY?	8. MARRIED NEVER MA	KKIEU	OUNTY OF DEATH ALTIMORE	COUN	TY	Md.
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03	13o. USUAL RESIDENCE (Where admission) STATE	e deceosed lived, if in	stitution: Residence before	13c. CITY OR TOWN Essex 2122	13d. INSIDE CITY LIMITS?	13e. STREET AND NUM			
	14. FATHER'S NAME First Joseph		lle Last		yn Weide	N	Niddle		Lost
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	OR CONTRIBUTING CAU	SE OF DEATH HOUR A	A.M. Manth Day Year P.M. 19						
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	22b. SIGNATURE	K. C	hoi, M.	O DEGREE ATTEND PHYS.	DIRECTO	OR STAFF			, 1969
/		K.CHOI			6701 NOR	TH CHARL	*****	TREET	
	230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/2/69	Balti	EMETERY OR CREMATORY more Nationa	1 Cemeter		ore M	(County) a rylan c	(State)
A.S.	24. FUNERAL DIRECTOR Pruzdzinski Fi	ineral Hom	address 1407 Easte	rn Ave.	2So. REC'D BY REC	1969 25b. REC	SISTRAR'S SI	GNATURE	2:



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MAKTLANU STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05024 05016 CERTIFICATE OF DEATH 1. DECFASED-NAME Last 2a. DATE OF DEATH 2b. HOUR and Type or print) Harry, Farber 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 9-6-6. A E (In years IF UNDER 1 YEAR ges Male White MONTHS ! last birthday) DAYS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH RTCHMOND, VA. U.S.A. WIDOWED X DIVORCED [Balto. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR Balto. Hosp. PLUMBER ease remave carban ling physician and campletely Then please remave carban removal, and in any event wit Balto. Gen. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. COUNTY YES W NO [Balto. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost CHARLES FARBER IDA SCHERR 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, orunknawn) 213-03-7263 MR. IRWIN FARBER, 8539 LUCERNE RD.. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 6 signed by the burial-transit p Canditions, if any, which gave ? rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been Health priar ta far use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Tawn County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive on causes stated abave, (1) (wg) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME(Type) Gregorio Marfori, M.D. BCGH House Doctor 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) BURTAVAL (Specify) 4-25-69 HEBREW YOUNG MEN BALTIMORE. MARYLAND 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE APR 28

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FOR STATE			00019
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5 0 5 0 5 0 5	/	HENRY CUMBERLAND MARGARET KELLNER	
hin 24 ncil m niner's poges hours	1.7	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or doles of service)	
with pen cam		MICHAL P. FETZ	ABOUE
This certificate shauld be executed within ficate, writing the word "pending" in pencil be forwarded to the Chief Medical Examine d be used as a burial-transit permit. File page or removal, and in any event within 72 hou		18. CAUSE OF DEATH (Enter only one couse per line for (A), (b), and (ch)	BETWEEN ONSET AND DEATH
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L EXAM ecute th Page 4 for your 0R: Poge		AT WORK AT WORK	,
AL exec for for urio		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
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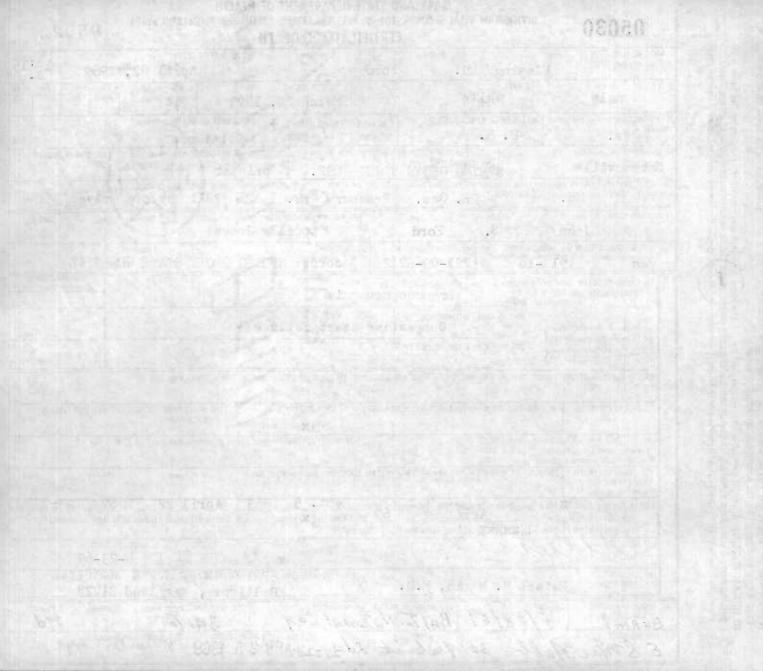
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	05028	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF F 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		05000
	DECEASED-NAME First (Type or print)	Middle	Lost FINNEY	20. DATE OF DEATH APRIL Do	05020 2b. HOUR P 1:30 M
3. 5		4. RACE NEGRO	S. DATE OF BIRTH May 2, 189	6. AGE (In years	1F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7o.	BIRTHPLACE (Stote or foreign untry) VIRGINIA	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALT IMORE	M.J.
I	FORT HOWARD	11. NAME OF HOSPITAL OF ES	ON HOS PTTAT. during m	L OCCUPATION (Kind of work done ost of working life, even if retired.) ISTER	12b. KIND OF BUSINESS OR INDUSTRY
13o odn	USUAL RESIDENCE (Where decease nission) MARY LAND	d lived, if institution: Residence before	13c. CITY OR TOWN BALTIMORE 13d. INSIGE CITY LI YES NO	MITS? 13e. STREET AND NUMBER	Street
14.	FATHER'S NAME First GEORGE	Middle Lost FINNEY	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
160	. WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY N	O. 17. INFORMANT	Address	Howard Ma
Z	GEORGE : FINNEY NORA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) YES 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 217. INFORMANT ACCIDENT CEREBBOVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 22Do. AUTOPSY? YES NO CAUSES OF DEATH?	ONDITION GIVEN IN PART 1(0)	1 MONTH		
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MEDICAL CER	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Month Doy Yeor P.M. 19			Item 18.)
ME	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.		County State
	22a. I certify that (4) (this saw the deceased ali causes stated abaye, 22b. SIGNATURE 22d. PHYSICIAN'S	(IX(we) (did) (xxxxx) view the b	ady after death. DEGREE PHYS. DI 122e. ADDRESS	ED. STAFF 22c.	DATE SIGNED + 2 69
230	NAME (Type) PETE BURIAL, CREMATION, REMOVAL (Specify) BURIAL		EMETERY OR CREMATORY	1, Fort Howard, 23d. LOCATION (City or Town)	(County) (Stote)
	FUNERAL DIRECTOR	Phillipsein 1727 N. Mor			MARYLAND S SIGNATURE

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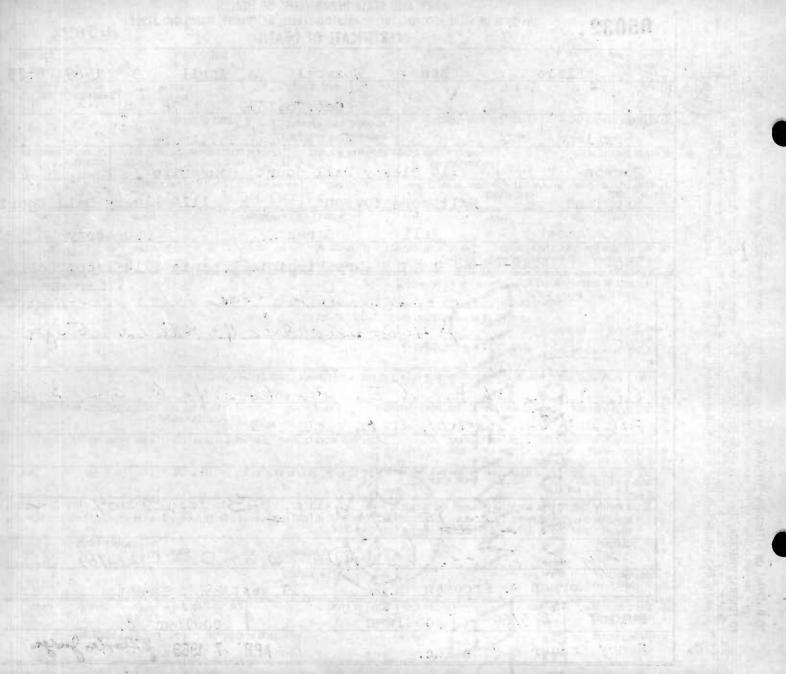
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nergh.		ECEASED-NAME First Type or print) Margar	Middle rette Marie 4.RACE	Lost Fisher		DATE OF DEATH 4 Month 6 Doy	09	2b. HOUR A 12:50M
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icate be ex sicion and please rem , and in an	16a	WAS DECEASED EVER IN U.S. ARA es, po, or unknown) (If yes give w	AED FORCES? AFOR FORCES?	O. 17. INFORMANT	AME, F	Address	RKE.	KE AOA
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the fineral stacked far use as the burial-transit permit. User please remove carban papers. Pages are Dept. af Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after death	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	If ane cause per line far (a), (b), and (c). D BY: DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NO	ogenic carcir	noma		APPROXIMU BETWEEN ON:	ATE INTERVAL SET AND DEATH
AN: The law a rattendir cate has bee ar use as the leath prior?	A CERTIFICATION	19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING (AUSE OF DEAT	CONDITION FOR WHICH OPERATION WAS PEI	YES	NO 🗆	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	Yes	TIFYING
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta		22b. SIGNATURE	(i) (we) (did) (did not) view the	DEGREE ATTENDI	NG MED. DIRECTO	STAFF 22c.	DATE SIGNED	1969
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MARYLAND STATE DEPARTMENT OF HEALTH



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050)34	DIAISION OF	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05026						
1. DECEASED-N. (Type or pri		Rence	Middle EUmer	FRee/	AND 20	DATE OF DEATH Month /2-Do	Yeor/9/4 3 2b. HOU	R_ M	
3. SEX	le	4. RACE White	e	S. DATE OF Nove	ember 21,	1898 6. AGE (In yeors lasy) YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M	RS.	
	E (State or foreign aryland	7b. CITIZEN OF W			ORCED	Baltimo re		Md.	
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13o. USUAL RE odmission) S			Baltimore	Phoenix	13d. INSIDE CITY LIMITS? YES NO	Paper Mill	Road		
14. FATHER'S N		h Freelan	Lost	IS. MOTHER'S	Angela Na	Middle	Lost	Ī	
16o. WAS DEC Yes, no, or	EASED EVER IN U.S.	ARMED FORCES? jive war or dates of service) ne	16b. SOCIAL SECURITY N		records	Address		_	
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₹ □ OR CON	IDENT WAS UNDER	DEATH HOUR A.M.	. Month Doy Yeor			ure of injury in Port 1 or Port 2	, Item 18.)		
₹ 21d. INJ While at work	URY OCCURRED Not while of work	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION St		City or Town	County Stote	Ė	
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22b. SIGN 22d. PHY	VATURE	1. Fr	RANCE	DEGREE ATTEN		STAFF 220	. DATE SIGNED		
230. BURIAL, REMOVA	CREMATION, 2	Abril 15.1		Grove Ceme		ockeysville,	Paryland (Stote)		
OA CHAICDAL	DIDECTOR	rs' Sons,	Towson, Ma	ryland	DATE APR		S SIGNATURE	3	

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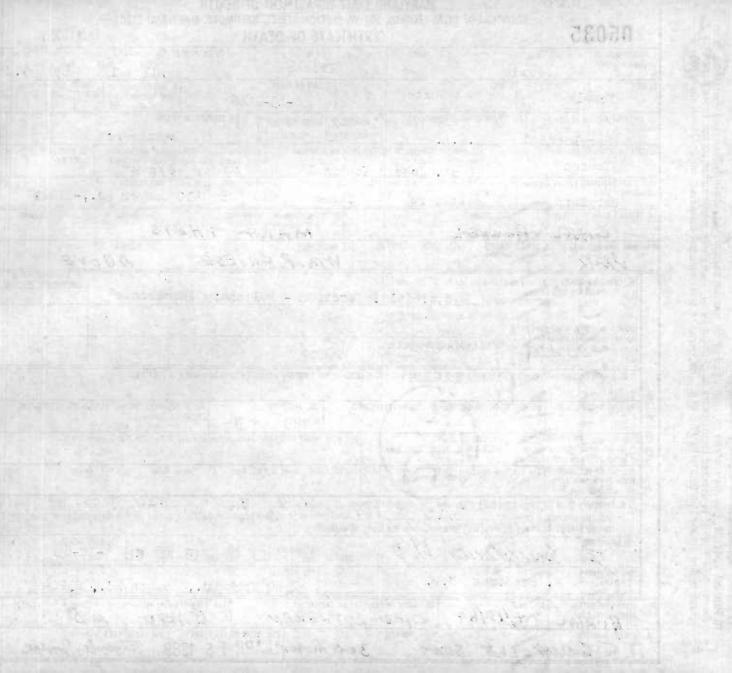
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05035 05027 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Friese 5.20M Mamie April 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNDER 24 HRS White and campletely filled in by the remaye carban papers. Pages in any event, within 72 haurs aft last birthday) OAYS HOURS Female 8-23-1886 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED | DIVORCED Baltimore Maryland
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Towson St. Joseph Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Timore NO 3 410 Wamper Rd., -212240 Essex 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last THEIS HO CKEL and 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (if yes give war or dates of service) crematian, or remaval, WM. P. FRIESE ABOVE the attending passit permit. The APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Myocardial Infarction - Pulmonary Thrombosis DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X far use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 3/24/, 1969, ta 4/12/, 1969, that (I) (we) last saw the deceased alive an 4/12/ 1969, and that in (my) (aur) apinian death occurred an the date and haur and fram the be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22¢. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** 4-12-69 DEGREE PHYS TO HOSPITAL (Page 4 may b PHYSICIAN'S NAME (Type) 22e. ADDRESS 22d. J. Banderas M.D. 7620 York Rd., Towson Md., 21204 directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, 15/69 LUTHERAN ZION ALTO. ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1969 30M REV. WAS



MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05030 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNDWN Month Doy 2b. HOUR (Type or Print) ESTI-OF GEORGE Page 0 GEORGAND IS DEATH MATED April 18, 19697:15 MA deloy and 3 IF UNDER 24 HRS. IF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR and Aprily 18, Male White 350 57RS March 13,1912 19 69 7:15A 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Examiner's Office along with form U.S A WIDOWED [Baltimore Greece DIVORCED [State Give Poges IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 4029 North Point Blvd. during most of working life, even if retired.)
Owner North Star Inn Dunda1k INDUSTRY the deoth. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore 4029 North Point Blvd. YES NO NO Dunda 1k 24 hours ond 2 Item 1 ofter Middle 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Simon Georgandis Despina . hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within pencil (Yes, no, or unknown) (If was give war or dates of service) 216-32-8127 Mrs Crace Georgandis Same APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH 00 Dermit PART I. DEATH WAS CAUSED BY. Gunshot wound of head pending IMMEDIATE CAUSE (o). should be forwarded to the Chief Med any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (a). This certificate should the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS removal, CERTIFICATION nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificote, YES SE NO T pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING MEDICAL 18, 1969 buriol, cremotion, EXAMINER: Shot during robberv CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)

Building 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: Poge AT WORK AT WORK 4029 North Point Blvd. Balto. M.D. 22a. I certify that I took charge of the remains described above, held an Autapsy X Inspection Inquiry and in my opinion the funeral director. death resulted from: Hamicide X Undetermined monner Natural causes Accident Suicide Heolth prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/18/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 4/21/69 Greek Orthodox Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J Ruck Inc Baltimore, Maryland VR A15ME (5)

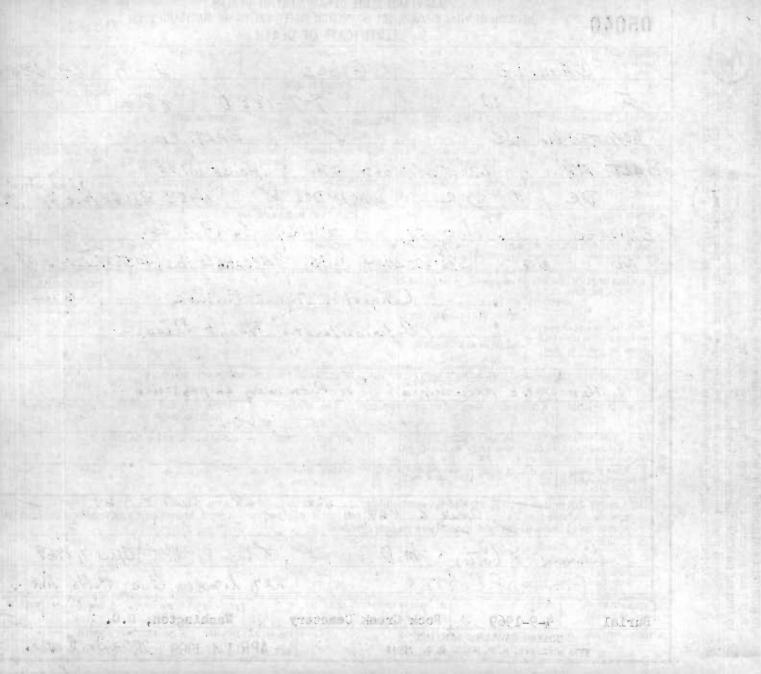
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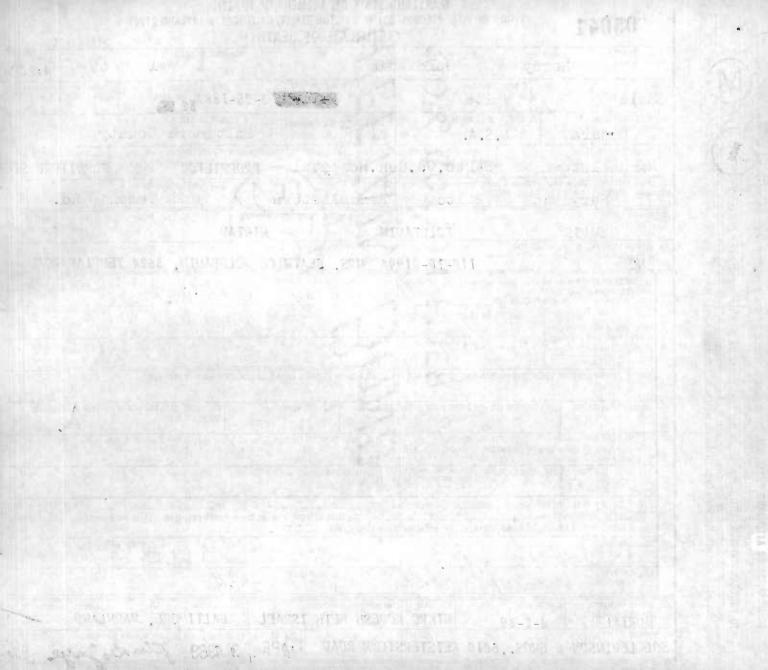
MARYLAND STATE DECAN LENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05039 05031 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. 24 haurs after death (Type or prim) LILLIAN GERMAN 3. SEX S. DATE OF BIRTH Oct. 29, 1888 4. RACE 6. AGE (In years lost bioday) HOURS female caucasian 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State ar fareign 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Maryland USA Baltimore WIDOWED [DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within give street oddress Holly Hill Manor during most of working life, even if retired.)
Retired INDUSTRY Retired Towson 13a. USUAL RESIDENCE (Where deceosed lived/if institution; Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER and in any event physician and campl Maryland By COUNTY Frederick Thurmont Rd. #1 Box 34 YES NO DC 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost V. Timmons Laura Thomas German 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, nego unknown) (If yes give war or dates of service) 220-30-3468 Mrs. Mildred Hudson 2708 Grindon Avenue #14 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: signed by the attendi burial-transit permit. IMMEDIATE CAUSE (o) burial, crematian, DUE TO. OR AS A CONSEQUENCE OF Carllovasellar Disease Canditions, if ony, which gove: rise ta immediate cause (o), **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause: lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b i Health priar ta b FUNERAL DIRECTOR: After this certificate has been 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO R 2 o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from Left, 19 2, to account 1967, that (I) (wa) lost saw the deceased alive on 24 1969, and that in (my) (was) opinion death occurred an the date and hour and from the pe director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. William H. Kammer, Jr. 6011 York Road, Balto, Md. 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) 4/5/69. 0 Parkwood Cemetery Baltimore Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DATE APR Leonard J. Ruck, Inc.-Baltimore, Md.-14 30M REV. 1768

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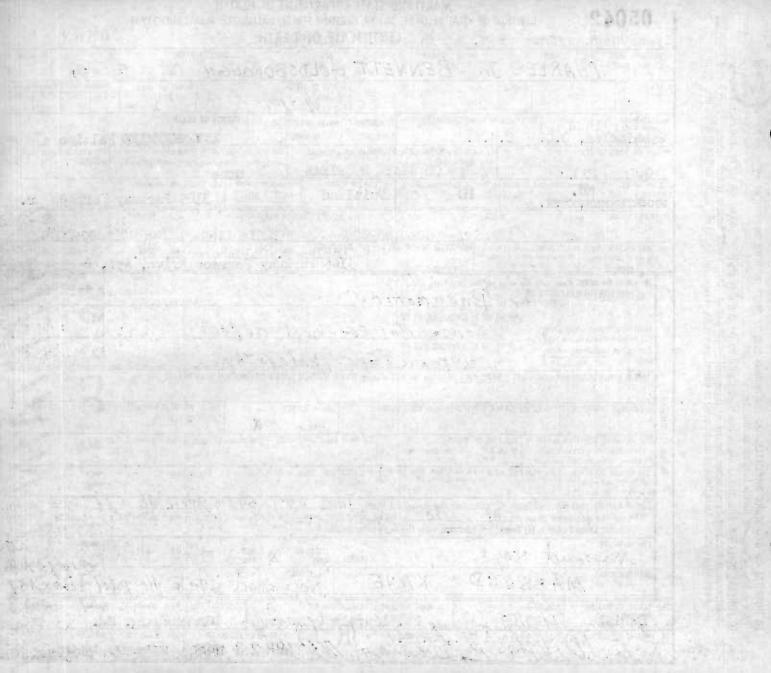
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05040 05032 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR (Type ar print) 6,665 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINOER 24 HRS low requires that the death certificate be executed within 24 hours after 6. AGE (In years DAYS last birthday) MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR BALT MA give street oddress 305 Box 2000 Residence before 13c. CITY OR TOWN during most of working life, even if retired.) **INDUSTRY** move carbon 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 136. COUNTY NO 🗔 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle signed by the ottending physicion buriol-tronsit permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or inknown) (If yes give war or dates of service) cremation, or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Congestive Heart Failure 6 mm DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 1. Hy no statie meuminia
TE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED Putmonary emphy series O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 18 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County 22a. I certify that (I) (this hospital) attended the deceased fram 1969, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR DEGREE director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) FOWARD + COTTER Linder 23d. LOCATION (City or Tawn) 23 BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Rock Creek Cemetery Washington, D.C. 2Sb. REGISTRAR'S SIGNATURE JOSEPH GAWLER'S SON, INAPPRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Ochember Judge DATE APR 1 4 1969 30M REV. 1/68 \$130 WISC. AVE., N. W. WASH., D. C. 20016.



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TO HOSPITAL OF ENGINED Page 4 may be revained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		BURIAL (Specify)	4-2-69	MIKRO		BETH ISRAE	L	LOCATION (City or Tow BALTIMORE,	MARYL		(Stote)
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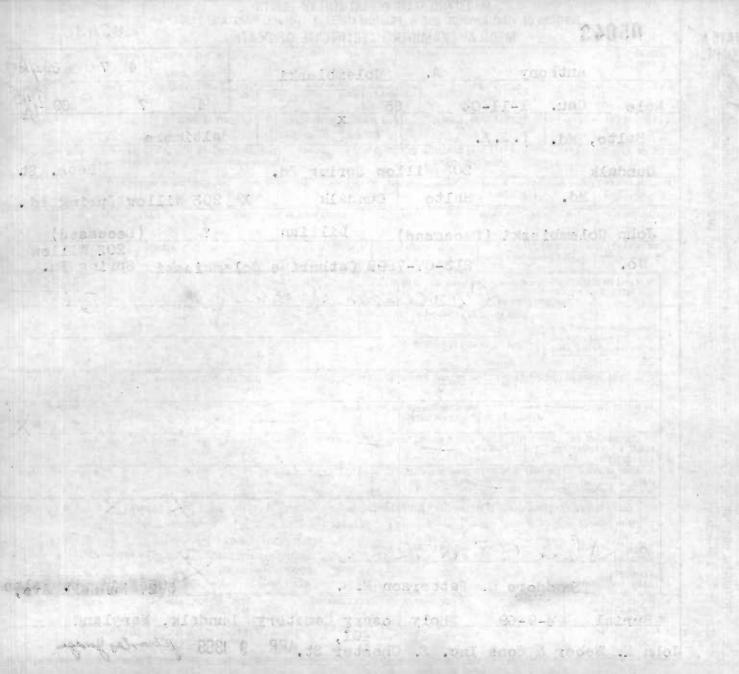


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-212			4/23/69		Linco	In Come			nsburg,	Md.	
13 00	24. FU	IERAL DIRECTOR 4308	Shirtland	Rd. SADDRES	4. 1		ARR 2 3		2Sb. REGISTRAR'S	SIGNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05035 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED Anthony Golembieski 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SFX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Month Male Cau. 1-11-04 65 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form WIDOWED [DIVORCED Baltimore U. S. A. land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Beth. St. during most of working life, even if retired.) Dundalk 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Balto Dundalk YES NO TO 203 Willow Spring 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Lillian (Deceased) John Golembieski (Deceased) bages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 203 Willow (Yes, no or unknown) 213-07-7898 Catherine Golembieski Spring Rd. event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH 4 should be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). ONV certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) or removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES I 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) plnods PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County foctory, office building etc.) WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection | and in my apinian Undetermined manner death resulted fram: Natural causes Accident Suicide Hamicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Theodore C. Patterson M.D. ADDRESS(Streel, city, town, or county) NAME (Type) Dundayk 0 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burial Holy Rosary Cemetery Dundalk. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. John M. Weber & Sons Inc. S. Chester St. AMR 1969

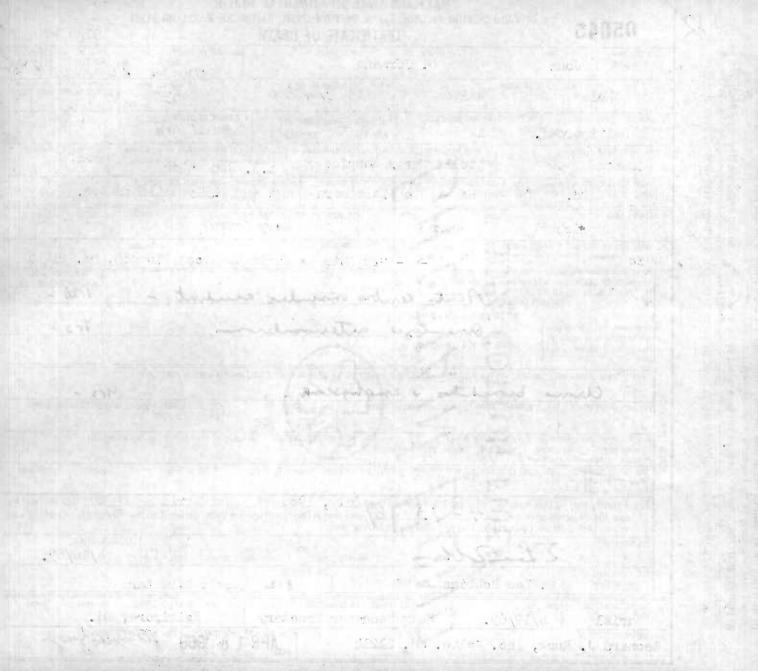
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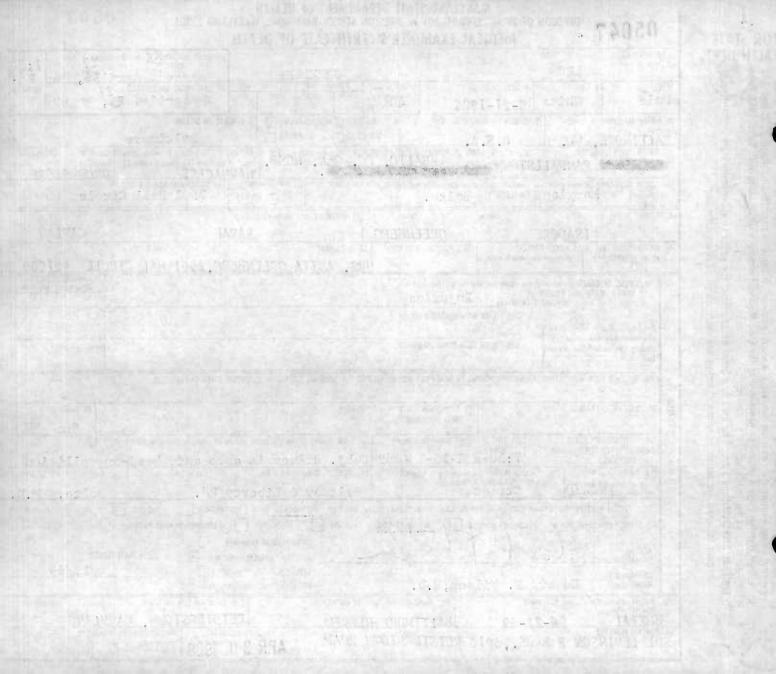


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05036 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) ESTIdelay ind 3 to Page Irvin Baxter Gorman DEATH MATED IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED, DEAD 2, and PM3. F 78 y the State Departm 1/26/91 W M YRS. 9. COUNTY OF DEATH 7o, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED shauld be farwarded to the Chief Medical Examiner's Office along with farm U.S.A. Baltimore Baltimore WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR St. Joseph Hospitaring most of working life, even if retired.) give street oddress) INDUSTRY Dairy 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Baltimore 208 D Rodgers Forge 21212 YES NO TE lond 2 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First RAMPES pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service) World War File within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH

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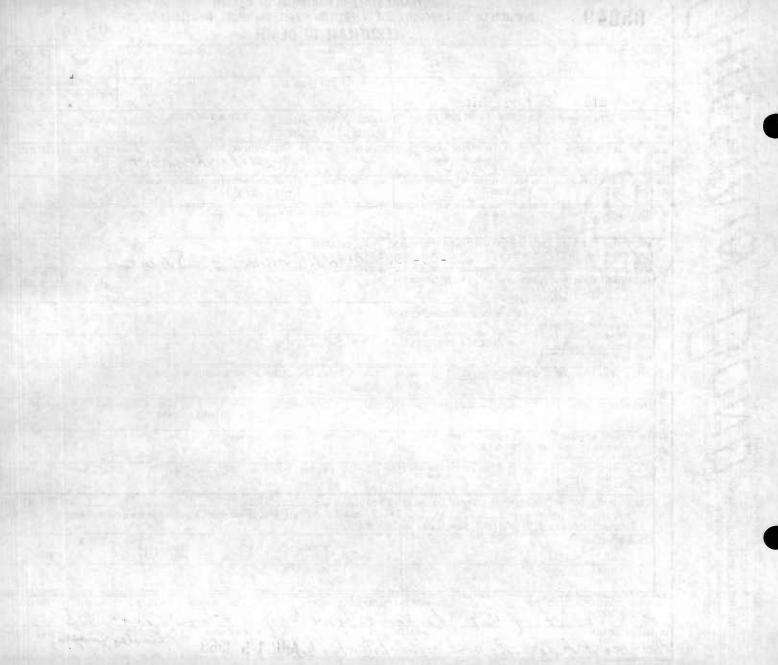


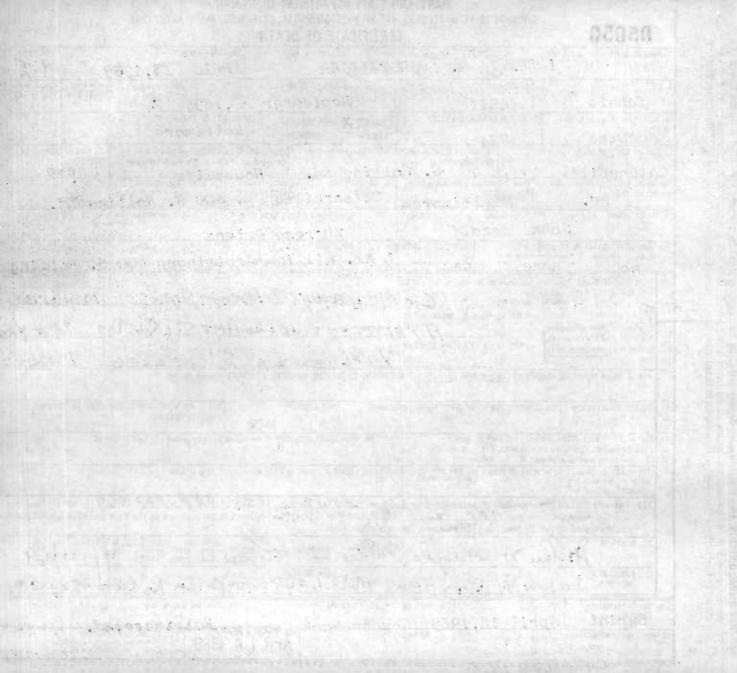


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S PHYSICIAN: The law requires that the death certificate be	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in the shauld be the state Dept. af Health priar ta burial, cremation, ar remayal, and in the shauld be the state Dept. af Health priar ta burial, cremation, ar remayal, and in the shauld be the state Dept. at Health priar ta burial, cremation, ar remayal, and in the shauld be the sh	2	21d. INJURY OCCURRED 21e While Not while at work of work	. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
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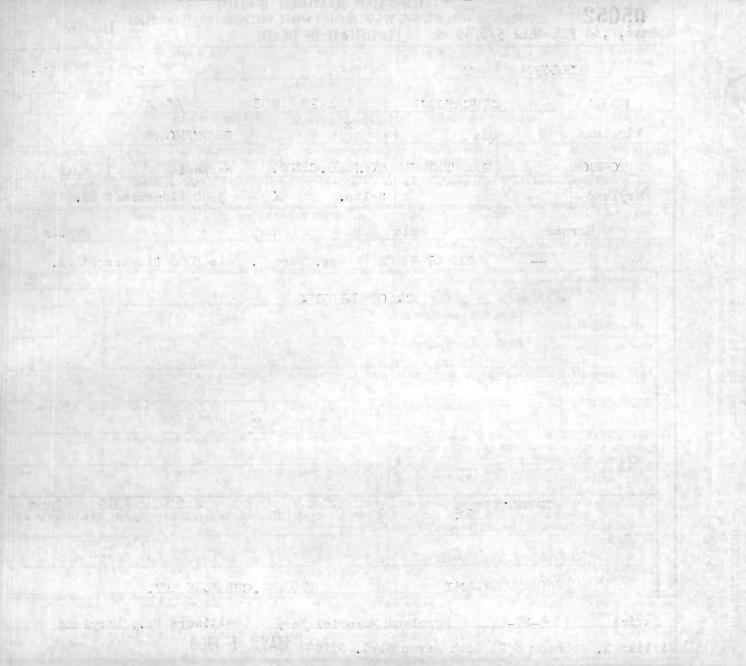




1	- 1	05064		301 W. PRESTON STREET, BALTIN		
4		05051		CERTIFICATE OF DEATH		05043
r death.	1	DECEASED-NAME First (Type or print)		lost Guetler	2o. DATE OF DEATH	2b. Houge 12:1 kg
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and cam remave in any ev	1	4. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME Firs		Lost
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physician please on please aval, and i	1	6o. WAS DECEASED EVER IN U.S. Al Yes, pp. or unknown) (If yes give	RMED FORCES? e war or dates of service] 16b. SOCIAL SECURITY 220-111-		Address ds. Randallsto	wn. Md.
equires that the death con physician. Signed by the attending burial-transit permit. The burial, crematian, or rem		Conditions, if ony, which governs to immediate couse (a) storing the underlying couse last. PART 2. OTHER SIGNIFICANT CO. 190. DATE OF OPERATION 191 210. ACCIDENT WAS UNDERLY	DIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT N CONDITION FOR WHICH OPERATION WAS PE	myocandral my conclustric countries	And the part 1(0) 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certifical has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, crea	/	Ilf either, notify medical example 21d. INJURY OCCURRED 21 While of work of work 22a. I certify that (I) (the saw the deceased causes stated about 22b. SIGNATURE 22d. PHYSICIAN'S	niner) P.M. 1 e. PLACE OF INJURY (AT HDME, FARM, STREET, FA DFFICE BUILDING, ETC.	ed from 19 57, and that in (my) (our) opinibady after death.	ian death accurred an the date	County Stote 97, that (1) (we) last and have and fram the te signed
TO HOS Page 4 firects shauli	2	REMOVAL (Specify) Burial A	pril 8, 69 Woodla	wn Cemetery	Woodlawn Baltimo	(County) (Stote)
30M REV. IV	188	Loring Byers Ch	apel 8728 Liberty F	Rd. Randallstown APR	1 1969 1	200

Laretine Uplars Chapel State Ifberty Rd. aandmilisten AFR 7 1968

2	1	L	05052	DIVISION OF VITAL RECORDS		EPARIMENI OF ESTON STREET, BA		RYLAND 21201	05044	
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	\$ \\ \alpha \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3. S		4. RACE	5	. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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	in by say	COU	BIRTHPLACE (State or foreign ntry)Virginia	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF			
	24 od 77		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	WIDOWED _			IMORE	I say ways as a	Md.
7	PHYSICIAN: The law requires that the death certificate be executed within 2 e hospital or attending physician. In this certificate has been signed by the attending physician and completely filler stached for use os the burial-transit permit. Then please remove corbon polyopt. of Health prior to burial, cremation, or removal, and in any event, within		TOWSON	GREATER BA	ALTO ME	ED CENT	mast of working Mechs		12b. KIND OF B INDUSTRY Auto	
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	that the death certificote be an. by the attending physician o transit permit. Then please cremation, or removol, and in	160	. WAS DECEASED EVER IN U.S. ARI	MED FORCES? Not or dates of service) 16b. SOCIAL SECURITY 212 07 87		ormant Irs. Vera G	. Hale	Address 3908 Ridge	croft Rd	
	cert mov		18. CAUSE OF DEATH (Enter on	nly ane cause per line for (a), (b), and (c					APPROXIMA	ATE INTERVAL SET AND DEATH
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	tha an. by tran crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		TO MILE TO SE				THE TO
	equires that the physician. signed by the burial-transit purial, crematic		last.	(c)						
	ng ph ng ph en sig ne bui		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(a)		
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	he latter	CERTIFICATION	175.	CONDITION FOR WHICH OF EXAMON WAS I	EKI OKINED	YES NO [CALICEC	OF DEATH?	ONSIDEKED IN CEN	HIFTING
	IAN: The ral or at ficote ho for use for use Health		21a. ACCIDENT WAS UNDERLYIN		21c. HOW	INJURY OCCURRED (En		ry in Part 1 ar Part 2.	Item 18.)	
	pital pital pital d fo of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical exami	TH HOUR A.M. Month Doy Yeon	19	· ·		,		
		ME				TION Street or R.F.D. I	Na. City	or Tawn	County	State
	by th by th offer the Stote			ischespital ottended the deceos	ed from	/18 , 19.	69, to Z	1/27 19	69 that	(I) (vse) lost
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	may be RAL DIR		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS			7 - 7 / 0 0	
	O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fif		DAL	IRAM ESLAMI			CHARLE			
	HC Specific	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)		CEMETERY OR CR			N (City or Tawn)	(County)	(State)
	5-5 1		REMOVAL (Specify) Burial FUNERAL DIRECTOR	4-29-69 Morela	nd Memor	cial Park	Baltin	nore Co. N		
	VR A15 434			on 8521 Loch Raver		21204 DATE AY	BATTING BY REGISTRAR 196	9 25b. REGISTRAR'S	NONAL OKE	c :
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1		05053	DIVISIO	N OF VITAL RECORDS	, 301 W. PI	RESTON STREET, I	BALTIMORE,	MARYLAND 21201	050	45
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and and and	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED I	NEVER MARRIED	9. COUNT	Y OF DEATH		
4 h	can	SOUTH CAROLINA		U.S.A.	WIDOWED		F	BALTIMORE		
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mple cale	13a.	USUAL RESIDENCE (Where dece ission) STATE MARYLAND	ased lived, if i 136. COU	nstitution: Residence before INTY		TOWN 13d. INSIDE	NO NO	e. STREET AND NUMBER 3016 BAKER	CHILINATA	
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ne death ottendin permit.	Ю	PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	PLEURAL EI	FUSION	AND PNEUM	ONIA		3 V	VEEKS
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the offe	E S	Harman and Th					0 DX	AUSES OF DEATH?	TOTAL ENER III	CENTIL TITLO
or or us	ER.	21a. ACCIDENT WAS UNDERLY	NG 21b. T	IME OF INJURY	21c. HO			injury in Part 1 ar Part 2	Item 181	
SICIAN spitol striffice ad for	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE DE DE (If either, natify medical exan	ATH HOUR	A.M. Manth Day Year P.M.	9			mijory in Fore Fore 2	, nem 10.)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin director, page 3 should be detached for use as the buriol-transit permit. I should be filed with the State Dept. of Health prior to buriol, cremation, ar ren	2	21d. INJURY OCCURRED 21. While Nat while at wark	e. PLACE OF IN.	JURY (AT HOME, EARM, STREET, EA OFFICE BUILDING, ETC.	CTDRY.) 21f. LO	CATION Street ar R.F.I	D. Na.	City or Town	Caunty	State
by the free does not be decorated.		22a. I certify thatself (t	his haspitol	attended the deceas	ed from	DEC 28	1968 , to	APR 12 1	9 69 th	at My (wa) last
D HOSPITAL OR ATTENDIP Page 4 moy be retained b FUNERAL DIRECTOR: Af director, page 3 should b should be filed with the S		22a. I certify that the saw the deceased causes stated obay	alive an	APR 12 (did)	19 <u>69</u> , one	thot in (xxx) (aur) apinian dec	oth occurred an the c	late and hou	or ond from the
AT AT Short		22b. SIGNATURE)					220	DATE SIGNED	
OR De r		(/	Timos	11 18000	in DECEN	E PHYS.	MED. DIRECTOR	STAFF XX	DATE SIGNED 4/12/69)
AIL DOOR		22d. PHYSICIAN'S		· · · · · · · · · · · · · · · ·	I ANY	22e. ADDRESS	DIRECTOR	71113.		
ERA ERA Sr. F		NAME (Type) JA	MES K.	DAVIS, M.D.		VAH, FT.	HOWARI	, MD.		
HOS UNI ecto	23 a.		DATE		CEMETERY OR			ATION (City or Town)	(County)	(State)
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file		BURTAL Specify)	4-17-6			AL CEMETE		BALTIMORE, 1	1 17	(31016)
0-1	24.	FUNERAL DIRECTOR			RTH AVI			AR 2Sb. REGISTRAR		
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			MARYLAND STATE DEPARTMENT OF HEALTH
1		-	05054 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	It	eml3 FilmG411 4/17/69 kk CERTIFICATE OF DEATH
1	e he		CEASED-NAME First, Middle Lost 2a. DATE OF DEATH 2b. HOUR
	eotop	(ype ar print) Galler S Hall, 4 xxx Month 7 Doy 69 Year 53 M
	1 1 E	3. SI	X 4. RACE S. DATE OF BIRTH 6. AGE (In years I to those 1 YEAR IF UNDER 24 HRS.
	a a t	1	emale White 3-28-88 last birthday) YRS. MONTHS DAYS HOURS MIN.
	hours s. rog hours	7a.	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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	in 24 lifilled in poper hin 72	10 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If got in baspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	strificate be executed within 24 physician and completely filled en please remove carbon pape oval, and in any event; within 77	R	give street address) A t Adusting most of working life, even if retired.) NOUSTRY C/
	ir boot	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	omplet ve car event	adm	ssion) STATE Md 13b. COUNTY BALTO CHACKEN YES NOW 1015 Adoock Road
	Xection No.	14	
	ond co	1	
	cian cian	1/2	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	icat Per ple		es, na, ar unknawn) (If yes give war or dates of service) 212-22-5808 J. Hansen Rn
	phy ovc	<u> </u>	ADDDAY(MAY INTERVAL
	re Te		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DATAT LINES (ALISED)
	leat mit. or		1/7/ IMMEDIATE CAUSE (0) Broucho premioria 3 stuys
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	The low re ottending has been se as the th prior to the contraction of	R	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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	ol ol ol ol for the d	CAL CE	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	SICI of the pitch	MEDIC	(If either, notify medicol examiner) P.M. 19
	JING PHYSICIAN: The by the hospital or of ther this certificate hube detoched for use State Dept. of Health	E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	the det		While Nat while of wark OFFICE BUILDING, ETC.
	ENDING ned by the R. After to the Stote the Stote	10	220. I certify that (1) (this hospital) attended the deceased from 2-24-, 1967, to 4 xx - 7-, 1969, that (1) (we) las saw the deceased alive on 4 xx - 7 - 1969, and that in (my) (our) opinion death occurred on the date and hour and from the
	ENG Pld Sld The		couses stoted above, (I) (we) (did) (did not) view the body ofter death.
	R ATTENI retoined ECTOR: A 3 should with the		22b SIGNATURE () 22c DATE SIGNED
	OR ATTENDED be retoined DIRECTOR: ADIRECTOR:		Cur Valle Cover N.D. DEGREE PHYS. DIRECTOR DIREC
	moy be RAL DIR. RAL DIR. r, poge 5 be filed		
	PIT/ mo RRA r, p		22d. PHYSICIAN'S RESAR VALLE CAVERO (Y.D. 22e. ADDRESS
i	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Pag dire	6	SENOVALISPERITY 4-9-69 M+Olivet BALTIMORE md
i		24.	FUNERAL DIRECTOR ADDRESS W. R. ROOF 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	30M REV. 1 68	11/	1 Cook- Brock: Tous on Tous on Md 2/204 DATAPR 1 1 1969 yoursen Juliage.

1/	1			KYLAND STATE DEPART		
4		05055	DIVISION OF VITAL RE	CERTIFICATE OF	REET, BALTIMORE, MARYLAND :	05047.
, 5 5 5	1. D	ECEASED-NAME Firs	t Mic	idle Lost	20. DATE OF DEATH	
death.	(1	ype or print) Doro			Month	28 ⁰ Yeor 1969 5:10 H
p 200	3. SE		4. RACE	Lips Hall S. DATE OF E	April	28 1969 5:10% Vegrs IF UNDER 1 YEAR IF UNDER 24 HRS.
t Tite	0. 0.	Female	White		last hirth	ndoy) MONTHS DAYS HOURS MIN
dr San drs	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY			O YRS.
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within 24 lely filled in poper within 72		ITY OR TOWN OF DEATH Lutherville	11. NAME OF HOSP	ottal OR INSTITUTION (If not in hospitol s) ege Manor	120. USUAL OCCUPATION (Kind of w during most of working life, even if	ork done 12b, KIND OF BUSINESS OR
executed withing and completely fremove carbon nony event, with	13o. odm	USUAL RESIDENCE (Where decedersion) STATE Marylan	osed lived, if institution: Residen	ce before 13c, CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET AND N	
crotte he extensions sicron-end copleose remo	14. F	ATHER'S NAME First Sidney	Middle Hall (Lost D) IS. MOTHER'S N	Anne F.	Middle Crampton (D)
hysician please val, and i	16o. Y	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? war or dates of service)	SECURITY NO. 17. INFORMANT Anne I	. Hall, Medical Ha	Address all Farm, Bel Air, Md
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician end completely fille should be detached for use as the buriol-transit permit. Then please remove carbon point the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, within		PART 1. DEATH WAS CAUSE	nly one couse per line far (a), (b) ED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEQ	egipulive	Brain desso	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH "If you are
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iCIAN: The low repital or attending reficate has been of for use as the of Heolth prior to	AI	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medicol exom	HOUR A.M. Month Diner) P.M.	oy Yeor	CURRED (Enter noture of injury in Port 1	or Port 2, Item 18.)
DING PHYSICIAND by the hospital offer this certificate be detached for State Dept. of He		21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN	M, STREET, FACTORY,) 21f. LOCATION Stre	et or R.F.D. No. City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		saw the deceased c causes stated abav	his hospital) attended the alive an (i) (we) (did) (did not) v	deceased from	y) (apinian death occurred o	an the date and haur and fram the
OR OR Se re d w		22b. SIGNATURE	E William	DEGREE PHYS.	DIRECTOR L PHYS. L	22c. DATE SIGNED April 28, 1969
TO HOSPITAL Page 4 may be to FUNERAL D director, page should be file	000	22d. PHYSICIAN'S PALA	ER TC. WI	llians 22e. ADI	Owngs Th	ills. Md.
TO HO Gires		REMOVAL (Spenify)	L May 1969 Sp	NAME OF CEMETERY OR CREMATORY Desutia Cemetery	23d. LOCATION (City or I. Perryman,	Maryland
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1 1 %	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05056 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) Lost Lost Lost Alva Cletus K Alva Cletus K DEATH MATED DEATH DEATH MATED DE
y delay is and 3 to PM3. Page artment of	3. SEX 4. RACE S. DATE OF BIRTH Dec. 12, 1902 6. AGE (in years White Dec. 12, 1902 6. AGE (in years Hours Hours Hin. 2c. Date Pronounced Dead White Dec. 12, 1902 785.
, p	70. BIRTHPLACE (Stote or foreign country) Maryland 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MA
2 0 ///	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital do Grant description of maryland. 12. USUAL OCCUPATION (Kind of work dane do Grant description of maryland. 12. USUAL OCCUPATION (Kind of work dane do Grant description of maryland.) 12. USUAL OCCUPATION (Kind of work dane do Grant description of maryland.)
24 hours after of in Item (8. Sive is Office along yes I and 2 with the rs after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmissian) Folkbon. Md. 13b. COUNTY Baltimore Towson 13d. WISIDE CITY LIMITS? 13e. STREET AND NUMBER 252 Ridge Avenue
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Florence Wells
within 24 reported in Examiner's Examiner's File pages 72 haurs	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no Artunknown) Allowed war or dates of service) 166. SOCIAL SECURITY NO. 17. INFORMANT Agnes S. Harrison, 252 Ridge Ave., Towson, Md.
ate shauld be executed g the ward "pending" in ed to the Chief Medical is a burial-transit permit.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) fond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF isse to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
his certific ate, writin e farward be used as r remaval,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO P
INER: This e certificate, should be for files. 3 should be to action, ar rer	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. No. City or Town County Stote
XAMI ge 4 your Your crem	WHILE NOT WHILE factory, affice building, etc.)
O DEPUTY DICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should health prior to burial, cremation.	22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
TO The the S I He	23a, BURIAL CREMATION, BUNIAL (Specify) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) April 14, 1969 Moreland Memorial Cemetery Parkville, Maryland
VR A15ME [5] 10M REV. 1/68	John Burns' Sons, Towson, Maryland 250. REC'D BY REGISTRAR 250. REC'STRAR'S UGNATURE 250. REC'D BY REGISTRAR'S UGNAT

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W	1		MARYLAN DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT		01
1		05057		CERTIFICATE OF DEA		5049
	# -5 # F	1. DECEASED-NAME Fire (Type or print)		Lost	2o. DATE OF DEATH Month	Dov. Year 2b HOUR
	de de de	EL	eanor Bentl		4	17 69 3:24P M
	24 haurs after death ed in by the funeral ppers. Pages 7 and 72 haurs after death	3. SEX female	4. RACE White	S. DATE OF BIRTH	6. AGE (In year last bigbagy)	
	by the Pages aurs of	The state of the s			3-1894	YRS.
	hau in b rs. 2 hau	7a. BIRTHPLACE (Stote or foreign country) Baltimore	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED X DIVORCED		
	filled in papers.	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12c	Baltimore D. USUAL OCCUPATION (Kind of work	
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	campletely ove carban y event, will	13o. USUAL RESIDENCE (Where dece odmission) STATE	osed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIE	DE CITY LIMITS? 13e. STREET AND NUMB	
	com com	Maryland		Balto YES	740 118	Belvedere Ave.
	and rem n an an and	14. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN N		
	an can case	Lawren 160. WAS DECEASED EVER IN U.S. A			Mary	German
Scaniner	equires that the death certificate by physician. Signed by the attending physician obviral-transit permit. Then please burial, crematian, ar remaval, and it	Yes, no, or unknown) (If yes giv	war or dates of service) 22-1127-6	The second secon	Hart. 37 Ort	
	ph hen nav	NO 18 CAUSE OF DEATH (Fotor	only one couse per line for (a), (b), and (c).		Hart J OF	APPROXIMATE INTERVAL
8	if. If.	PART I. DEATH WAS CAUS	SED BY:	Cardiogenic	shock	BETWEEN ONSET AND GEATH
	dei atter ermi in, a	4109	DIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF			
Te l	the or	Conditions, if ony, which gov	9)	Acute Myocar	dial Infarction	
ä	thai an. by i	rise to immediate couse (a) stating the underlying couse				
Medical	ysici ysici ned ial-t ial,	lost.	(c)	Complete Hea		
þý	The law requires that the death attending physician. has been signed by the attendings as the burial-transit permit. In priar to burial, crematian, ar rea		ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(0)	
Spring.	ding ding seen the ar to	190, DATE OF OPERATION 19	etes Mellitus b. condition for which operation was pe	RFORMED 200. AUTOPSY?-	JOH IE VES WEDE EIND	DINGS CONSIDERED IN CERTIFYING
Released	The law ratending attending has been use as the lith priar ta	190. DATE OF OPERATION 19 19-17-69 210. ACCIDENT WAS UNDERLY			NO CAUSES OF DEATH?	MOS CONSIDERED IN CERTIF HITO
3	or o		Complete Heart Blo	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or P	ort 2, Item 18.)
-d	CIA iffice if fail if He	OR CONTRIBUTING CAUSE OF DI (If either, notify medical exor	HOUR A.M. Month Doy Year			
P	OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate is 3 shauld be detached for to ed with the State Dept. af Heal	2) d. INJURY OCCURRED 2)	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAI		.D. No. City or Town	County State
	the this deto	AATHIO HOT WITHOUT				
	by After Stat	22o. I certify that (I) (i	his hospital) attended the deceos	ed from 4-15-09	19, to	_, 19, that (I) (we) last
	OR ATTENDING be retained by th INECTOR: After t e 3 shauld be de ed with the State	causes stoted obo	his hospital) attended the deceos alive an 11-17-69 ve, (1) (we) (did) (did not) view the	body after death.	TT abillian acam accorred on t	ne dore and noor and nom me
	AT showith with	22b. SIGNATURE	M.	ATTENDING C		22c. DATE SIGNED
	OR DIRI	- blin (() fescena M.	DEGREE PHYS. L.	☐ MED. STAFF PHYS. ☐	4-17-69
	Nay SAL Page fine fine fine fine fine fine fine fin	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS 7620	York Road, Balt	imera Md 2120).
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 shauld be detached far use as the burial-transit permit. Then please remov shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any			CEMETERY OR CREMATORY	23d. LOCATION (City or Town	
	Page O Figure Sha	REMOVAL (Specify)		ect Hill	Towson Ba	
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MARYLAND STATE DEPARTMENT OF HEALTH 05058 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05050 CERTIFICATE OF DEATH I NAME OF DECEASED 2. DATE AND HOUR OF DEATH J. NAME OF DEC Type or Print)

3. PLACE IN BAL

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3. PLACE IN BAL

3. PLACE IN BAL

4. MILEOR CECELIA HARTZ APRIL 28, 1969 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 24 hours after MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS? MILFORD MANOR NURSING HOME BALTIMORE YES 🔽 NO E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In last birthday 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY HOUSEWIFE AT HOME LATVIA U.S.A. attending physician permit. Then please 13. FATHER'S NAME cerrincate 14. MOTHER'S MAIDEN NAME BENJAMIN FOX

15. Was Deceased Ever in U. S. Armed Forces?

(Yes, na or unknown) (If yes, give wor or dates of service)

NO

18.

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease injury or camplication which coused death.) SARAH 16. SOCIAL 17. INFORMANT AMERICANA LANDMARKS APTS. The law requires that the degraph SECURITY NO. MR. STANLEY HARTZ.APT.16.2907 FALLSTAFF RD.#9 signed by the burial-transit BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF offer this certificate has been be detached far use as the State Deat of Health prior to ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above couse (A) stating the UNDERLYING CONDITION lost. be retained by the haspital OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Page 4 may be retained by the his of FUNERAL DIRECTOR: After this director, page 3 shauld be detact thould be filed with the State Den 22. I certify that (I) (this hospital) attended the deceased from ATTENDING that (I) (we) tast sow the deceased alive on and that in (my) (aur) apinion deoth accurred an the date and hour and from the causes stated abave. (f) (We) (did) (did nat) view the body after death. 23A. SIGN AT URE 23B. DATE SIGNED Attending 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ISRAEL ZINBERG 4001 W. NORTHERN PKWY. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 4-30-69 MIKRO KODESH-BETH ISRAEL BALTIMORE. MARYLAND VR A1 25A. DATE REC'D BY HEALTH DEN 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAL

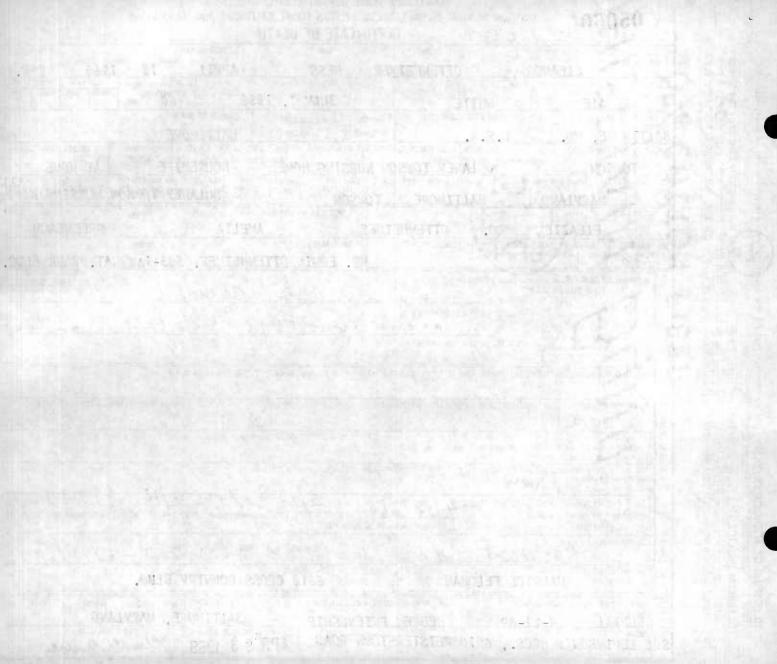
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0 1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
8	05059 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		b. HOUR
is ta to of	(Type or Print) HUEST ALLEN HAWES DEATH MATED APR. # 1969	8:50
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2 - 2	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
vithin pencil camine le pag 72 hau	(Yes, no, or unknown) (If yes give wor or dates of service) 718-16-7119 Wise I drie Garten Hawis. (Same.)	
- A E	The state of the s	FPVAI
- + · · :	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND	
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erti vrit wai ed ava	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
5 5 E	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? ***LOUS Tive Cylinia (Port) or Port 2. Item 18.) 20. AUTOPSY? YES 210. EXTERNAL CAUSE WAS *** 210. EXTERNAL CAUSE WAS *** 210. ITME OF INJURY Month, Doy, Yeor 210. HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 2. Item 18.)	NO DO
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INER: e certif should files. 3 shaull atian,	PRIMARY OR CONTRIBUTING OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. County	State
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ICAL E exector. Page far CTOR: burial,	22a. I certify that I taak charge of the remains described abave, held an Autopsy 🔲, Inspection 🔀, Inquiry 🛣, ond in my	opinion
Por tar ed	death resulted fram: Natural causes 🔀 , Accident 🗌 , Suicide 🗍 , Hamicide 🗍 Undetermined manner 🗍	
olease edirectar directar etained DIRECT ir to bu	CHIEF MEDICAL EXAMINER	
Y, ple eral d eral d RAL D priar	SIGNATURE 21 2. CANCES M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
LT.	DEDITY MEDICAL EVANIAGE W	
DEPUTY seessary, p ee funeral may be rr FUNERAL	NAME (Type) D.D. CAPLES ADDRESS(Street, city, town, or county)	
TO DEPUTY necessary, p the funeral 5 may be r TO FUNERAL Health pria	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State	e)
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	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	
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r death. uneral 1 and 2 er death.	1.	ELEAN	OR OTTENHE	IMER HESS	AT.	RIL 18	1969	2 P. M
	3. SI	X	4. RACE	S. DATE OF		6. AGE (In years		IF UHDER 24 HRS. HOURS MIH.
	7	FEMALE	WHITE	JUL	y 1, 1888	last birthday) YRS.	MONTHS DATS	HOURS MIII.
(\$\frac{1}{2}\)		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. COU	NTY OF DEATH		
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vithin 24 son populari within 30 within 30	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If not in haspite	ol 120. USUAL OCCL	IPATION (Kind of work done	12b. KIND OF B	JSINESS OR
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coming of every	COM	MARYLAND	13b. COUNTY BALTIMORE		YES NO X	DULANEY/TOWS	N/NURSIN	IG/HOME/
and cremin and	14.	FATHER'S NAME First	widdle fazi		MAIDEN NAME First	Middle		last Ita.
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed we retained by the haspital or attending physician. ECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remave carly with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event,		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURIT			Address	He re re	
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that the death certion. I by the attending partenant or remain.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and (().)/)	1	11	BETWEEH OHS	ET AND DEATH
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al a for for Hec		DR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Ye		OCCURRED (Enter nature	e at injury in Part I at Part 2,	Irem 18.)	
SIC Spit Spit Spit ertif eed i. af	MEDICAL	(If either, natify medical examination 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET,	19 SACTORY V 214 LOCATION S	Tarret on D.F.D. No.	City on Tarre	County	State
PHY be ho sis c tack tack		While Nat while 7	OFFICE BUILDING, ETC.	ZII. LOCATION	offeet of K.r.D. No.	City or Town	Coomy	Sidie
de the late		of work of work		red from	122 10 67	to 4/18 10	B that	(I) (we) lost
Affred Popularian Steel		sow the deceased o	is hospitol) ottended the deced	19 9, ond that in	(my) (our) opinion of	deoth occurred on the d	ote ond hour o	nd from the
TENDING by the only be a duly be a direct of the State of		couses stoted obove	e, (I) (we) (did) (did not) view th	e body ofter deoth.				1
A sp de st		22b. SIGNATURE	F/) ATTER	NDING MED.	STAFF 22c.	DATE SINED	
PITAL OR may be r. RAL DIRE		YIIAN	uce I warm	DEGREE PHYS	DIRECTOR	PHYS.	4/19/	69
TAL Al Pog e fil		22d. PHYSICIAN'S / NAME (Type) MAU	RICE FELDMAN	22e.	ADDRESS	DUNTRY BLOD.		1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to								
HO age FUI irec hou	23a	BURIAL, CREMATION, 23b. REMOVAL (Specify)		F CEMETERY OR CREMATOR	21	LOCATION (City or Town)	(County)	(State)
22 22 1	0.4	REMOVAL (Specify) BURTAL 4-	21-69 HEBRE	W FRIENDSHIP		STRAR 25b. REGISTRAR		
VR A15 A 30M REV, 1) 48	SC	FUNERAL DIRECTOR L LEVINSON & B	ROS., 6010 REISTE	RSTOWN ROAD	APR 2 3		Les Judge	10. 8
SOM KEY. INGO	1,		the second secon		DATE	1000	Ancel of	July .



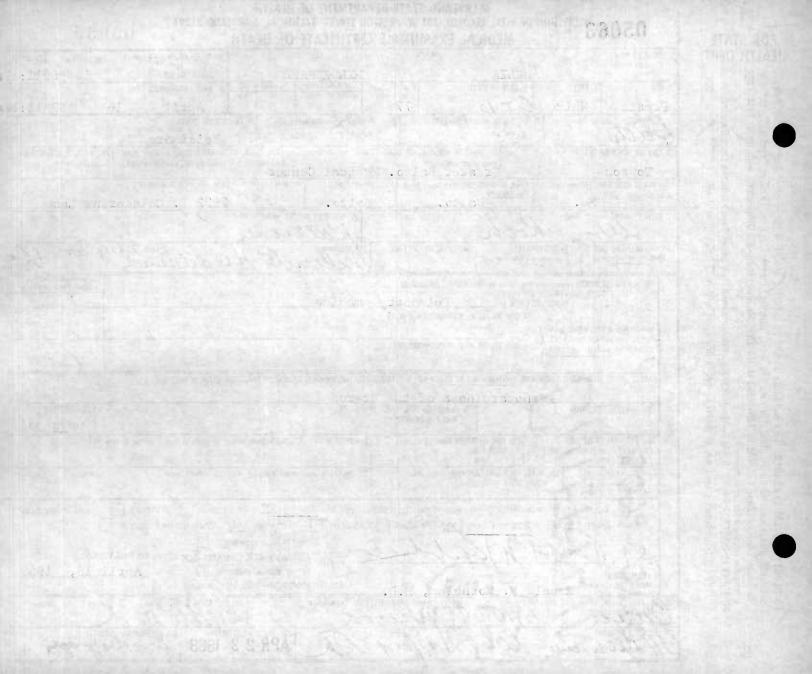
1/	DIVISION OF VITAL DECORDS	S, 301 W. PRESTON STREET, BALTIMORE	
	05061 DIVISION OF VITAL RECORDS	CERTIFICATE OF DEATH	05053
1.	DECEASED-NAME First Middle		ATE OF DEATH 2b. HOUR
	(Type or print) Wilmen P.	HESSE	4 Month 17 Doy 69 Year 5.30A
3.	SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) MONTHS OAYS HOURS MIN
7,	b. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	7/26/89	TY OF DEATH
	ountry) Mcl. 45A	8. MARRIED NEVER MARRIED 9. COUNTY	altimore M
10	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR I give stized oddress)		ATION (Kind of work done orking life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
U	to. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before	e 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	3e. STREET AND NUMBER
u =	dmission) STATE M. 138 COUNTY	BAHO, YES NO	118 allendale 14-29
11	A. FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First	> Middle Lost
1	66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURIT	SSE Barbara V.	Address
	Yes, no, or unknown) (If yes give wor or dates of service)		ffer, 118 N. Allendale St.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (or PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (0) Suppostal	ie menusia V.	elmin 7 dags
1	Conditions, if ony, which gove DUE TO, OR AN CONSEQUENCE O	The was Town O	1. Pena" 21/100
	rise to immediate couse (a).	of minute general Val	8/1/07
	lost. Due 10, OR AS A CONSEQUENCE O	timbes left sitle Wern	2 Pagie 1854
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
CEDITICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS F		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FDTIF	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	LES [] NO []	
			of injury in Port 1 or Port 2, Item 18.)
MEN	GR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yed P.M. Month Doy Yed P.M. P.M. CALL HOME, FARM, STREET, F. PLACE OF INJURY (AT HOME, FARM, STREET, F. PLACE OF INJURY (AT HOME, FARM, STREET, F.	FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town County State
	at work of wark	1001	11
	22a. I certify that (I) (this haspital) attended the decea	sed from 1934, 19 , 1	o 4/17 , 19 69, that (I) (we) last
	saw the deceased alive on causes stated abaye((1))(we)((did))(did not) view the	e bady after death.	eath occurred an the date and haur and from th
	22b. SJANDATURE	ATTENDING - MED	STAFF 22c. DATE SIGNED /COC
-	Colina la fellución Y	DEGREE PHYS. DIRECTOR	PHYS. 4/11/09
	NAME (Type) Dr. E. W. Johnson	22e. ADDRESS 34 32	more nul 2 1229
23	BO. BURIAL CREMATION. 23b. DATE 23c. NAME O	F CEMETERY OR CREMATORY 23d. L. B	OCATION (City or Town) (County) (State)
-			altimore, Md.
V	Titzke, 4101 Edmondson Ave., 2422	250. REC'D BY REGISTI DATE APR 1	7 25b. REGISTRAR'S SIGNATURE
		DAIL MIN	

USOST SECTIONS STATES , rement to the P the photos of the respect of the result of the standard of the Captage of the second of the second of the second Committee of the second of the second of the second of nounts . W. W. . W. to the contract to the contract of the contrac LESSON CONTRACTOR AND Level Agency 200 1 300

4			05062	DIVISION OF VITAL RECORDS		TE OF DEATH	MUKE, MAKTLAND 2	0505	
	. 5	1 DE	CEASED-NAME First	Maria Middle		LastHlewsky	2a. DATE OF DEATH	0000	2b. HOUR
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	rscian and campletely filled in by the funeral please remave carban papers. Pages and 2 l, and in any event, within 72 hours after death.			aria		ewsky	April Month	3 Doy Year 1969	
ē	E C	3. SE	(4. RACE	S.	DATE OF BIRTH	6. AGE (In	years IF UNDER 1 YEAR	IF UNDER 24 HRS.
£.	a per l		Female	Cauc		17 Aug 1918	6. AGE (In last birthd	YRS. MONTHS DAYS	HOURS MIN.
IUrs	200	70. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MAPPIED		COUNTY OF DEATH		UNDER 1 YEAR IF UNDER 24 HRS. WHITE DAYS HOURS MIN. 12b. KIND OF BUSINESS OR F INDUSTRY I TUY OF BALTIMOTE LOST Macht APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 mths 10 mths SIDERED IN CERTIFYING
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24	led appe	10 (TY OR TOWN OF PEATH VIL				OCCUPATION (Kind of wo	ork done 12h KIND-OF	BUSINESS OR C
/ithin	with the		Etwork, Mary		- Nursing	tome Heal	st of warking life, even if	retired.) INDUSTRY 1 Balti	more
>	arb nt,	13o.	USUAL RESIDENCÉ (Where deceas	sed lived, if institution: Residence befor	re 13c. CITY OR TO	WN 13d, INSIDE CITY LIM			111 5247
ecute	dwe daye		ision) STATE many land	136. COUNTY	Baltimo		_ 003/12	Lombard Str	eet.
e ×	pu au //		ATHER'S NAME First	Middle Last		OTHER'S MAIDEN NAME FIR		Middle	
le d	Sein 7	t	bulowoon Victo	r - Gara			Jarvara ·	– Ma	cht
cate	pital ar attending physician. rtificate has been signed by the attending physician and camplet of far use as the burial-transit permit. Then please remave car af Health priar to burial, crematian, ar remaval, and in any event	160. Y	WAS DECEASED EVER IN U.S. AR!	MED FORCES? war or dates of service) 16b. SOCIAL SECURIT		RMANT odimin Hiews	· ·	Address aucouved Rd	1
T.	ph) ava		NO			DOTATE ALEUS	314 112300		
-	attending p permit. The ian, ar rema		18. CAUSE OF DEATH (Enter on	nly one cause per line far (a), (b), and	B	.1 1		BETWEEN O	NSET AND DEATH
ed	ar r		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) Respira	tony fail	uve - Hypoti	ension	I.	mths
0	afte oern on,		1729	DUE TO, OR AS A CONSEQUENCE (OF ,			Access to the Parket	
ŧ	sit p natio		Conditions, if ony, which gove	(b) " Dueracis	ed Dutre	cranief Fre.	ssure	10	mths
hat	n. by t ans rem		rise to immediate couse (o), stating the underlying cause		OF				
es 1	physician. signed by burial-trar burial, crei		last.	(c) Glioblast	omal			10	mths
-in-	phys igne uric uric		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINAL DISEASE ORCC	ONDITION GIVEN IN PART 1(0)	77.99
Je G	o b o b	-,	None						
MD.	ndir bee s th iar 1	TIO		CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE F	FINDINGS CONSIDERED IN C	ERTIFYING
e	on a distribution of the second of the secon	CERTIFICATION	June 1968 1	Cloblastoma		YES NO 🔀	CAUSES OF DEATH?		
<u></u>	ar Se er	CERT	21a. ACCIDENT WAS UNDERLYIN		21c HOW		nature of injury in Part 1	ar Part 2, Item 18.)	
AN	fical for He		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Ye	or	The second of the second	maroro ar mjorj in rain v	a. 7 a. 2, 110 10.,	
SIC	ospital ar attending certificate has been hed far use as the ot. af Health priar to	MEDICAL	(If either, notify medical exami	P.M. PLACE OF INJURY (AT HOME, FARM, STREET,	FACTORY) 21f LOCA	TION Street ar R.F.D. No.	City or Town	Caunty	State
PH	the hospil this certi detached te Dept. at		21d. INJURY OCCURRED 21e. While Not while at wark	. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211. LOCA	Jileel di K.I.D. No.	City of Town	caomy	31010
NG	y there e de		22a, I certify that (1) (th	nis haspital) attended the decedulive an 21 march	ased fram 2	5an, 196	9, ta 3 April	, 19 <u>_67</u> , that	(L) (we) la:
9	d b		saw the deceased o	live an 21 march	_19 <u>67</u> , and t	nat in (my) (aur) apir	nian death accurred a	n the date and haur	and fram th
TEND	or: Af auld b auld b the S		causes stated abav	ulive an <u>21 march</u> e, (1) (we) (did (did nat) view th	_19 <u>49</u> , and t ne bady after dec	nat in (my) (aur) apir ith.	nian death accurred a		and fram th
ATTEND	ECTOR: Af S shauld b with the S		causes stated abave	e, (1) (we) (did) (did nat) view th	ne bady after dec	ith.		22c. DATE SIGNED	
OR ATTEND	be retained to bild the stand the st		22b. SIGNATURE Richard R	e, (1) (we) (1) (did not) view the Staphenson r	ne bady after dec	ATTENDING MAPHYS. DI	nian death accurred a ED. STAFF RECTOR PHYS. [
TAL OR ATTEND	nay be retained by the hospital ar attending physician. AL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-trare filed with the State Dept. af Health priar to burial, cre-		22b. SIGNATURE Richard R 22d. PHYSICIAN'S	e, (1) (we) (10) (did nat) view th Staphenson r	ne bady after dec	ATTENDING MIPHYS. DII	ED. STAFF PHYS. C	22c. DATE SIGNED 3 April 16	169
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HOSPITAL OR ATTEND	ge 4 may be retained t FUNERAL DIRECTOR: Af rector, page 3 shauld t rould be filed with the S	230.	causes stated abave 22b. SIGNATURE Ruchard R 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b.	e, (1) (we) (did) (did nat) view the Staphenson remarks Staphenson remarks R. Staphenson R. R. Staphenson R. Staphenson R. Staphenson R. Staphenson R. Staphenson R. Staphenson R. R. Staphenson R. St	DEGREE DEGREE	ATTENDING MHPHYS. DI 22e. ADDRESS 1302 Cro EMATORY	ED. STAFF RECTOR PHYS. C Flow Road, 23d. LOCATION (Gity or To	22c. DATE SIGNED 3 April 19 , Balt. Ma	169 21213 (Stote)
TO HOSPITAL OR ATTEND	Page 4 may be retained by the hosp to the thosp to the this cell in the state of the this cell is should be filed with the State Dept.		causes stated abave 22b. SIGNATURE Ruchewel R 22d. PHYSICIAN'S NAME (Type) Rich BURIAL CREMATION, PEMOVAI (Specify)	e, (1) (we) (did) (did nat) view the Staphenson related R. Staphenson related R. Staphenson R. Staph	ne bady after dec n.O. DEGREE NSON M.C. OF CEMETERY OR CR Andrew'	ATTENDING MIPHYS. DI DII 22e. ADDRESS 1302 Cro EMATORY S	ED. STAFF RECTOR PHYS. C Flow Mood, 23d. LOCATION (Gity or To Baltimore	22c. DATE SIGNED 3 April 19 , Balt. Ma	169

MAKTLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	7	0506	3		ICAL EXAM					2120		505	55	
HEALTH DEPT.	1. DEC	EASED-NAME	First		Mid		CERCUIT	Lost	JEA (III	20. DATE KNO	OWNER Mar	nth Doy	Yeor	2b. HOUR
	(Tyr	pe ar Print)		AMELIA			HILDE	BRAND		OF ES DEATH MA			16 19 69	11:10
delay and 3 t M3. Pag tment	3. SEX	14	4. RACE	S. DATE OF	BIRTH	6. AGE (In year	IF UNDER	1 YEAR IF UNI	DER 24 HRS.	2c. DATE PROF	NOUNCED DEAD			2d. HOUR
any delay is 2, and 3 ta PM3. Page	Fe	male	White	GeT. 1.	3	77 Y	RS. MONTHS	OAYS HOURS	S MIN	Month Apr	il Day	16 Y	1969	11:17
	70 By	THPLACE (State	ar foreign	76. CITIZEN OF	WHAT COUNTRY?	8.	MARRIED	EVER MARRIED	9. COL	INTY OF DEATH	1			
farm farm	(Unit	allo		40	1		IDOWED 🗌	DIVORCED		Balti				Md.
haurs after death Item 18. Give Pages 1, Office alang with farm I and 2 with the State De after death.	10. CIT	Y OR TOWN OF	DEATH		NAME OF HOSPITA					CUPATION (Kin f working life,			KIND OF BUSIN	NESS OR
after death S. Give Pagi alang with with the Sta		Towson			e street oddress) reater Ba							1.)	IKI	
s afte 18. Gi alan with death	13o. U	1 I A STATE		sed lived, if inst	titutian: Residence	before 13c. C		13d. INSIDE C		13e. STREET A				
dzy			Md.) Mid	Balto.	Last	Balto.		NO [2922 E	Middle	sprin		
	14. FAI	THER'S NAME	First	Rorla	die	Lost	IS. MOIN	R'S MAIDEN NAM	ME First	7	widgle		Last	
him 24 mail in niper's pages I haurs	16a W	AS DECEASED EVE	ZAA	FORCES?	16b. SOCIAL SEC	TIRITY NO	17 INFORMA	AIT	ace 1		ADDRESS Z	110	2	10
inspencial Examina File pagin 72 ha		, no, or unknown		war or dates of service		.okiii iio.	nul	viu a	O A	udel	rend	2.7	to ore	RAZ
Exam File n 72		18 CAUSE OF I	DEATH (Enter on	Ily one couse ne	r line for (a), (b),	and (c))							APPROXIMATE I	
auld be executed word "pending" in the Chief Medical Eal-transit permit. Fany event within			ATH WAS CAUSE	D RV.	Pul		ombol:	10					BETWEEN ONSET A	AND DEATH
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shauld be executed he ward "pending" is to the Chief Medical burial-transit permit.		last.		(c)										
1 0 - + te	P.	ART 2. OTHER SI	GNIFICANT COND	OITIONS CONTRIB	UTING TO DEATH	BUT NOT RELAT	D TO THE TER	MINAL DISEASE (OR CONDITIO	ON GIVEN IN PA	RT 1(o)			
iffica iting ardec d as	NO.			denocar	cinoma o								as AUTORSY	
his certificate, writing the farward be used a remaval,	ICATI	9a, DATE OF OP	ERATION		WAS PERI	N FOR WHICH (FORMED?	PERATION						20. AUTOPSY	
This itate be for the drawn or re	CERTIFICATION	la. EXTERNAL CA	DANA 3211	216 TIME	OF INJURY Month, I	Day Year	21c HOW IN	JURY OCCURRED	(Enter net	re of injury in	Part 1 or Part	2 Itam 19	YESXX	NO 🗌
#_ = =		PRIMARY OR	CONTRIBUTING [A.M.	19	210. 11047 114	JOKT OCCORNED	(Linei noio	ne at injusy in	ron i di ron	2, 116111 10	.1	
INER e cer shau files. 3 sho atiar		CAUSE OF DEATH		PLACE OF INJURY	P.M. Y (At hame, farm,		21f. LOCATIO	N Street or R.F.D.	No.	City or To	own	Cor	unty	Stote
EXAMINER: ute the certi age 4 shauld yaur files. Page 3 shou , crematian,		WHILE NOT AT WORK AT		octory, office buil										
bical Examiner: se execute the certification. Page 4 shauld ned far your files. ECTOR: Page 3 shou	1			took charae a	f the remoins d	escribed ob	ve held an	Autonsy X	TK Ins	spection	, Inquiry		ond in my	v oninion
ICAL E executor. Par for CTOR: burrial,			ulted fram:	0	ouses XX /		Suicide		icide		mined moni		ond in in	yopiiioii
please I director retained I DIREC				10.	1	1		CHIEF MEDIC		-				
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any merchant		EXAMINER'S	5-35					DEPUTY MEI		ALCOHOL:		pril	16, 1	.969
ro DEPUTY DICAL E necessary, please exect the funeral director. Pa 5 may be retained far 10 FUNERAL DIRECTOR: Health prior to burial,		NAME (Type)			Kornblum					wn, or county)				
5 = + ~ 5 =	230	BURIAL, CREMATI	ON, 23b.	DAJE//	11 11 184	AME OF CEMETI	RY OR CREMA	TORY	23d.	LOCATION (Cit	or Town)	(Coun	ity) (St	ote)
	4	will		7/19/	109. VI	ADDRESS	od	loc- n	ECD BY DE	CISTRAP	25h PECISTO	AR'S SIGNA	TIIDE	
VR A15ME (5)	11	1 HOOM	Mary	600	07 HO	Word	10	AP	R 2 2	1969	of Chia	W. S. SIUNA	lunge	
10M REV. 1/68	19	, 1000			, , , ~	1		DATE			0			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05056 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) ROSE HODGES ESTI-DEATH MATED 4/4/69 19 iny delay 2, and 3 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DI AD 2d. HOUR 76 vi HOURS 4/30/92 white female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH De Country Baltimore Baltimore U.S.A. WIDOWED DIVORCED [48. Give Pages the State olong with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Machine Opr. Continental Benjies Rt. Box 13 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md 136. COUNTY alto. Balto. YES X NO 611 N. Potomac St. 24 hours Examiner's Politice in Item and after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Kate White Charles J. Hart haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil, 16b. SOCIAL SECURITY NO. 17. INFORMANT Benjies. Md. ADDRESS 21220 (Yes: no. or unknown) W. Harrod, dght. Rt. 14, Box13 5-03-3674 Milred File APPROXIMATE INTERVAL ⊆. within be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) Medical permit. BETWEEN DISET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF urial-transit should be farwarded to the Chief Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remaval, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [pe 21o. EXTERNAL CAUSE WAS a 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE To 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection. Inquity and in my apinian the funeral director. death resulted fram: Natural couses Suicide [Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Theodore C. Patterson Dr. NAME (Type) ADDRESS(Street, city, town, or county) 0 23o. BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4/7/69 Parkwood Cemeterv Baltimore, Md. Burial 24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 3331 Brehms Lane 10M REV. 1/68

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. 6 -	1. D	ECEASED-NAME Fi	rst	Middle	CERTIFICATE OF		DATE OF DEATH		Tal walls
neral and 2 death.		ype ar print) CAF	WEL		HOLLAI	ND	APRIL 27	1969	2b. HOUR 8:30Pm
S de la	3. SI	X MALE	4. RACE NEGR	OID	S. DATE OF 1		6. AGE (In years last birthday) 41 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
in oy ers 2 hoeu	7o. I	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA		8. MARRIED X NEVER MA	ARRIED 9. COL	JNTY OF DEATH		
physician. signed by the attending physician and campletely filled in oy the runeral burial-transit permit. Then please remove carban papers. Pages I and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death.	10. 0	ITY OR TOWN OF DEATH FORT HOWARD	11 NAN	SE OF HOSPITAL OF IN	TITUTION (If not in haspital HOSP TTAL INISTRATION	12a. USUAL OCCI	ALTIMORE UPATION (Kind of work dane working life even if retired)	12b. KIND OF E	Md. BUSINESS OR
	130.	USUAL RESIDENCE (Where deco	/ VET	ERANS ADM	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	WORKING HE EVEN IF LETTED AND NUMBER		
Huy e		MARY LAND ATHER'S NAME First	Middle	Last	BALTIMORE 15 MOTHER'S A	MAIDEN NAME First	640 MELVIN I	RIVE	Last
. 3		LOUIS		HOLLA	ND	LOUIS		C	ARROLL
	160. Y	was deceased ever in U.S. A	ve war or dates of canacal	6b. SOCIAL SECURITY I 218 19 83		AL RECORDS	Address VA HOSPITAL,	FT HOW	
State Dept. at nealth priar ta burial, crematian, ar remaval, and in any event,	7	PART 1. DEATH WAS CAU IMME Conditions, if any, which gav rise to immediate cause (o stating the underlying caus lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	OT RELATED TO THE TERMINA			Unkn	OWIN
th priar	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICE	OPERATION WAS PE	RFORMED 20a. AUT	22	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
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		21d. INJURY OCCURRED 21 While Not while at work	e. PLACE OF INJURY (A	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	ORY.) 21f. LOCATION Stre		City ar Tawn	Caunty	State
		22a. I certify that 💢 (saw the deceased causes stated aba	this haspital) atten alive an 4/20 ve, (10) (we) (did) (d	ded the decease	d fram 4/2/69 2, and that in (x) bady after death.	, 19, (aur) apinian c	ta_ 4/27/69 , 19_ death accurred an the da	te and haur a	() (we) last nd fram the
shauld be filed with the		22b. SIGNATURE 22d PHYSICIAN'S	west, 5	nD.	DEGREE ATTENDI PHYS.	NG MED. DIRECTOR	22ε. Ε	28/69	
ld be		NAME (Type) JOH	N D. TALBE		VA		FORT HOWARD,	MARYLAN)
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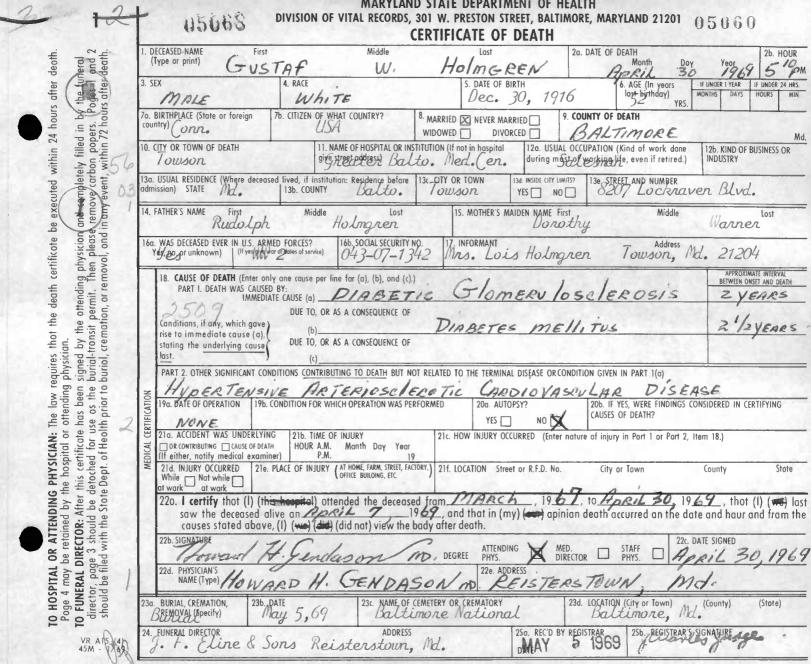
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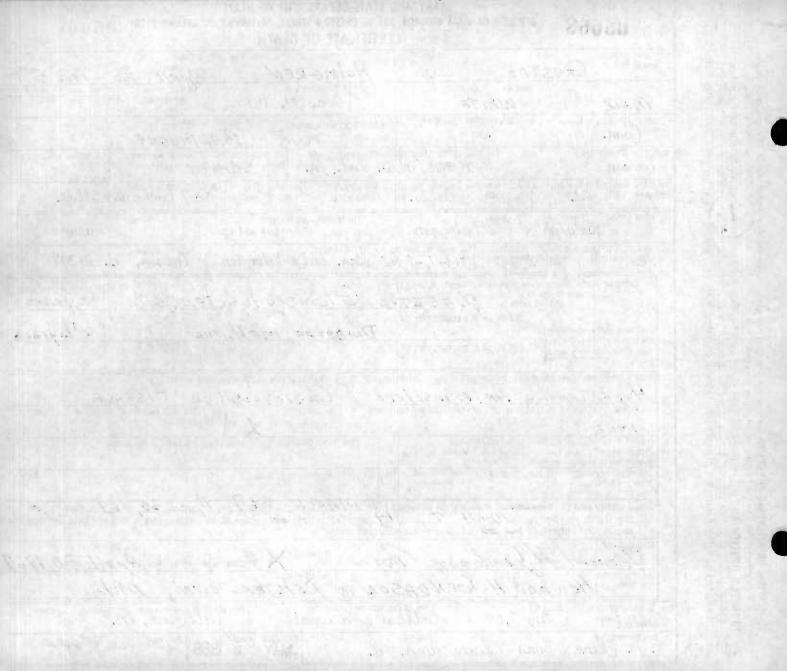
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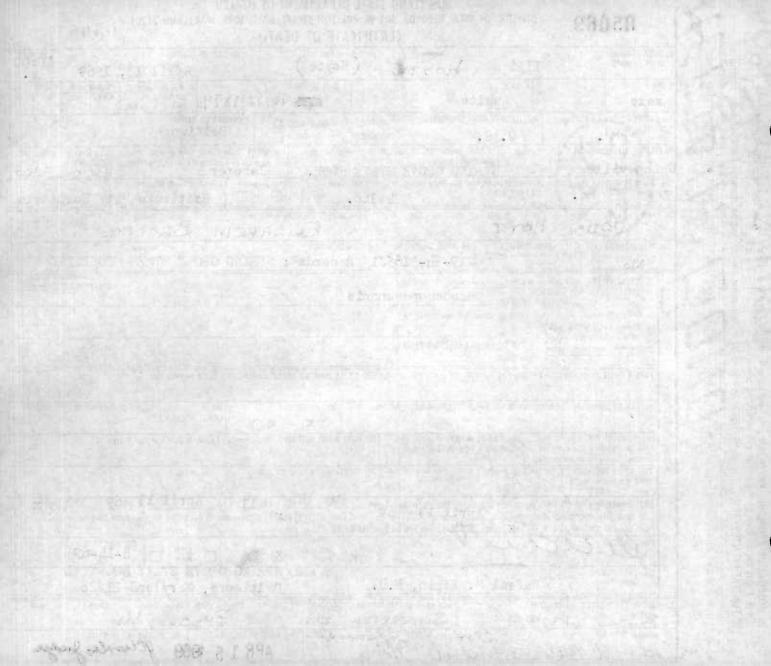
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death.		DECEASED-NAME First Type ar print) ETHE	Middle		Last DLLOWAY	2a. DATE		ay 69 Year	2b. HOUR 9:20 P
the fur	3. 5	FEMALE	4. RACE CAUCAS IAN		5. DATE OF BIRTH 2-19-	-85	6. AGE (In years last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
in 24 haur filled in by papers.	7o.	BIRTHPLACE (Stote or foreign Introduced Stote or Foreign I	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED				Md.
within 24 ely filled in ban paper within 72		CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL OR IN GREAT BALT	MED C	CENTR.	2a. USUAL OCCUPATION OF THE PROPERTY OF THE PR	N (Kind af wark dane print even if retired.)	12b. KIND OF INDUSTRY	Home
e executed withing and completely for emays carbon in any event, with	13a adn	USUAL RESIDENCE (Where decease issian) STATE Maryland	d lived, if institution: Residence before	Perry			STREET AND NUMBER N/A		
be exemple and an any din any			Middle Lost Henry Hinchman	(D)	. MOTHER'S MAIDEN	NAME First Ella	Middle Sto	ockham	Year 2b. HOUR 9 : 2 OM 2 OM 9 : 2 OM 2 OM
ertificate be physician a nen please		. WAS DECEASED EVER IN U.S. ARM Yeshing ar unknawn) (If yes give wo	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY 220-34-6		NFORMANT Gertrude	Spang,	Aberdeen.	Maryla	
at the death c the attending nsit permit. The matian, ar rem		PART I. DEATH WAS CAUSED	y ane couse per line far (a), (b), and (c BY: TE CAUSE (a) METASTAT DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	IC CA	WITH HE	EART FAII	LURE	BETWEEN OF	STAND-
he law requir attending phys nas been sign e as the buring priar ta buring	CERTIFICATION		DITIONS CONTRIBUTING TO DEATH BUT I		2Da. AUTOPSY?	2Db.	VEN IN PART 1(a) IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN C	ERTIFYING
SICIAN: T spital ar o srificate b ed for us ed for us	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical examin	er) HOUR A.M. Manth Day Year	19	OW INJURY OCCURRE	D (Enter nature of in	jury in Part 1 ar Part 2,		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the prior taburial, creating taburial taburial, creating taburial taburial, creating taburial t	W	22a. I certify that (I) (this saw the deceased all causes stated abave 22b. SIGNATURE	PLACE OF INJURY (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC. F. S haspital) attended the deceasive an 4-29 (**E) (we) (did) (did **Tot) view the Alan Alan Alan Alan Alan Alan Alan Alan	sed from 4 19 <u>69</u> , and bady after o	death.			Caunty 2 9 , that; ate and haur of	
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	23a	NAME (Type) DR. N.E. BURIAL, CREMATION, 23b. D		CEMETERY OR	CREMATORY		TION (City or Town)	(County)	
VR A13 45M - 169	24.	FUNERAL DIRECTOR VILLO L. LUGCON	Tarring Feese Aberdeen,	tia Ver ral Hor Md. 21	ne 25c	AY 2 19	ryman, (Har		2. ;

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05069	DIVISION OF VITAL RECORDS, 3	O STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	MODE MARYLAND 21201	05061
	illiam Hoyt.	(Hoyte)	20. DATE OF DEATH April 13°4	1969 12 186
3. SEX male	4. RACE white	S. DATE OF BIRTH	2 1879 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign cauntry) Md •	U.S.	WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Mo
10. CITY OR TOWN OF DEATH Catonsville	give street address) SPRING GROVE	STATE HOSP. during m	ost af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
admission) STATE Md.	13b. COUNTY	Balto. YES NO	□ Baltimore Cj	
UNHOU	HOYT	ELIZAF	BETH BRODE	Last
Yes, na, ar unknown) (If yes give w	or or dates of service) 219-54-316			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COM	DBY: ATE CAUSE (a) Bronchopne DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND GEATH
RIFICA		YES NO 🗆	CAUSES OF DEATH?	
J OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Yeor P.M. 19			
While Not while at wark 22a. I certify that (1) (this saw the deceased al causes stated abave 22b. SONTURS 22d. PHYSICIAN'S NAME (Type)	s haspital) attended the deceased live an April 13 19 (J) (We) (did) (本文) view the bo	Afrom May 11, 19 169, and that in (my) (own) api ady after death. DEGREE ATTENDING PHYS. 22e. ADDRESS SPRI	3, to April 13, 196 nian death occurred an the date ED. STAFF 14- RECTOR PRYS 14- NG GROVE STATE HO Limore, Maryland 2	59_, that (I) (30e) laste and have and fram the DAIE SIGNED -114-69 0SPITAL 21228
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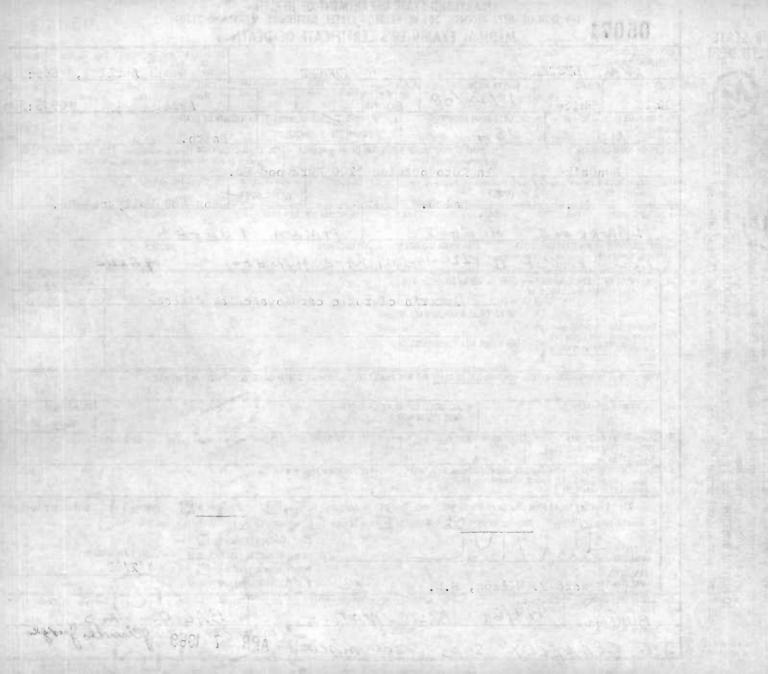


1	MARYLAND STATE DEPARTMENT OF HEALTH 05070 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05000
FOR STATE HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	05062 Doy Yeor 2b. HOUR
is de de	(Type of Print) Wilbert A. Huffman OF ESTI-	17 1969 11 A M
del	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER 14 HRS. 19 UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 11/10/11 17 17 17 17 17 17 17	Year 1969 11 25 M
any arm PM arm PM ee Depart	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Md
haurs after death any tem 18. Give Pages 1, 2, a Diffice alang with farm PA Land 2 with the State Departation offer death.	10. CITY OR TOWN OF DEATH Dundalk 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired). I Midway 120. USUAL OCCUPATION (Kind of work done of during most of working life, even if retired). I Retired—Bethlehem Ste	12b. KIND OF BUSINESS OR NDUSTRY
haurs after death tem 18. Give Pag Office alang with and 2 with the Sta	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATMaryland 13b. COUNTBaltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO IN 13d. INSIDE CITY LIMITS? YES NO IN 13d. INSIDE CITY LIMITS?	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Belle	Phillips
within 24 bencil in saminers.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes No. ar unknown) (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS Wrs. Mable Huffman, 1 Midway, Du	ındalk, Md.
be executed in pending! in itely make the medical Exist permit. Find worth within	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LER: This certificate shauld be certificate, writing the ward rauld be farwarded to the Ches. Ishauld be used as a burial-tra shauld be used as a burial-tra fian, ar removal, and in any extensions.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
his certif ate, writi e farwar be used r removal	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Iter	20. AUTOPSY? YES NO 1
ER: certifi auld es. shauld shauld	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County State
o DEPUTY DICAL EXAMINER: necessary, please execute the certi the funeral director. Page 4 shaulc 5 may be retained far yaur files. O FUNERAL DIRECTOR: Page 3 shau Health prior ta burial, crematian,	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner , Chief Medical Examiner	GIGNED 4/18/69
TO The the To	230. BURIAL, CREMATION, PROPERTY OF CREMETERY OF CREMATORY Weadowridge Memorial Park 23d. LOCATION (City or Town) (Dorsey	(County) (State) Maryland
VR A15ME (\$)	John J. Duda, 7922 Wise Ave. Dundalk, Md. 250. REC'D BY REGISTRAR 250. REC'D B	IGNATURE Bo Yangga

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR ESTI-(Type or Print) LESTER 19 695:50b HUGHES DEATH MATED April 6. AGE (In years 3 4. RACE 5. DATE OF BIRTH IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR pup 10/22/08 Day Yeor 1969 5:50p Male White 60 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TONEVER MARRIED 9. COUNTY OF DEATH ic's Office along with farm country) USA WIDOWED [DIVORCED [Balto. land 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) In Auto outside 1200 Burkwood Rd. Dundalk 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death. 13b. COUNTY odmission) STATE 24 hours ofter Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First TUEFEL LAWRENCE HUGHES pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 4 shauld be forwarded to the Chief Medical Examin (Yes, no, or unknown) 220-14-1519 ABOUE FAYE HUGHES File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), certificate shauld the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) writing 1 remaval 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO T YESKX pe OL 21b. TIME OF INJURY Month, Doy, Year 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection XX Inquiry | and in my apinian Natural causes XX Accident Suicide Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/2/69 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Edward F. Wilson, M.D. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BURLA 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR ATSME (5)



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de chi.		[vne or print]	Middle H-	HUNT	2a. DATE OF DEATH Month // Doy	2b. HOUR
s after the fr ages I	3. S	ex M	W	S. DATE OF BIRTH Aug 1571	1895 lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 haur d in by pers. P	7o.	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY? LL · S; A	8. MARRIED MEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BAITIMORE	Md.
within 2	C	ATONSVIlle	give street address) 129 OAK D	a/e during	mest of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT
scuted complet over car over c	The Continuity of the Continui					
be exe	14.	FATHER'S NAME First Thomas	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, MARYLAND 21201 OF 6 4 CERTIFICATE OF DEATH MANE first Middle A. RACE M.			
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND (CERTIFICATE OF DEATH						
equires that the death ce physician. signed by the attending I burial-transit permit. The		Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Following DUE TO, OR AS A CONSEQUENCE OF (c)	The relation (CONDITION GIVEN IN PART I(a)	BETWEEN ONSET, AND DEATH
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G PHYS the has this ce detaches	W	While Nat while at work	OFFICE BUILDING, ETC.			
PITAL OR ATTENDING 4 may be retained by ERAL DIRECTOR: Affred or, page 3 should be d be filed with the Stat		sow the deceosed o couses stated above 22b. SIGNATURE	live on experilly	bady ofter death. Regular page 1962 pegree PHYS.	pinion death occurred on the date always of DRH, KNIPP 1	e and hour and from the
TO HOS Page 4 direct		REMOVAL (Specify)	118/1969 ST.	John	EllicoTT city 8	AITO. My
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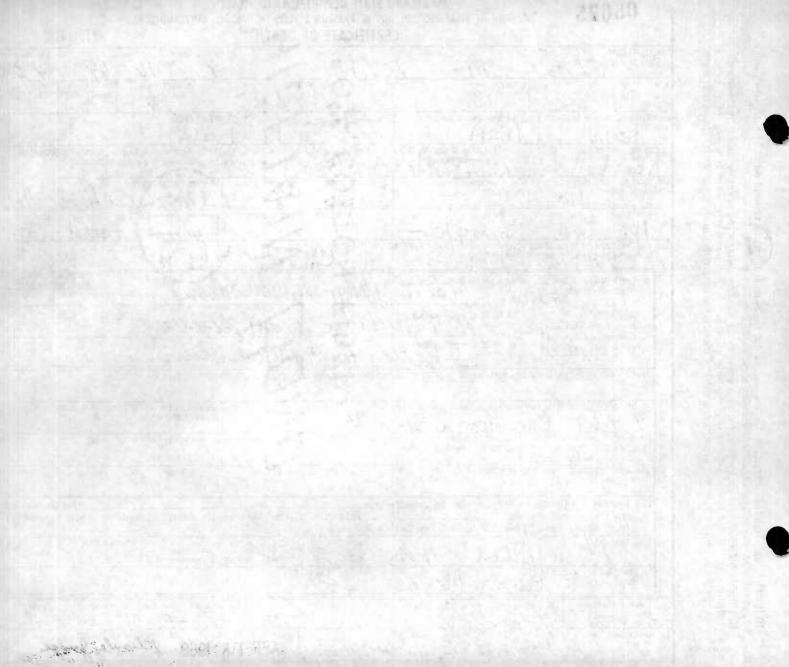
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56	3. 5	FEMALE	4. RÁCE NEGRO			10/18	/24 last birth	day)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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6		BALTIMORE	give street address)	.B.M.	c.	during most of	working life, even/il	retired.)	12b. KIND OF E INDUSTRY	BUSINESS OR
0	adm	ssian) STATE	136. COUNTY	Baltin	nore Y	YES NO	13e. STREET AND N 518 N . I	UMBER Brice	Street	Person I 2b. HOUR 1 45 INDER I YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN. 2b. KIND OF BUSINESS OR NOUSTRY treet Lost Ohnson Pry Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 hrs GE DERED IN CERTIFYING 1B.) Junty State Lost Ohnson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AND THE STATE OF THE
1	160	ATHER'S NAME First Charles WAS DECEASED EVER IN U.S. ARME	Middle Lost Hunter ED FORCES? 16b. SOCIAL SECURITY N	7	/irginia			Middle	Johnson	
	1	es, na, or unknown) (If yes give war	INTER VIRGINIA ARKE S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BIRTH TO/18/24 S. AGE (In year MARRIED S. DATE OF BALTIMORE S. DATE OF BALTIMORE M. D. UNIVER YEAR OF STREET HOUSE S. DATE OF BALTIMORE M. D. UNIVER YEAR OF STREET HOUSE S. DATE OF STREET HOUSE S.							
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/		22d. PHYSICIAN'S NAME (Type) ALFONSO			VAH, FT. H	OWARD, MD.	
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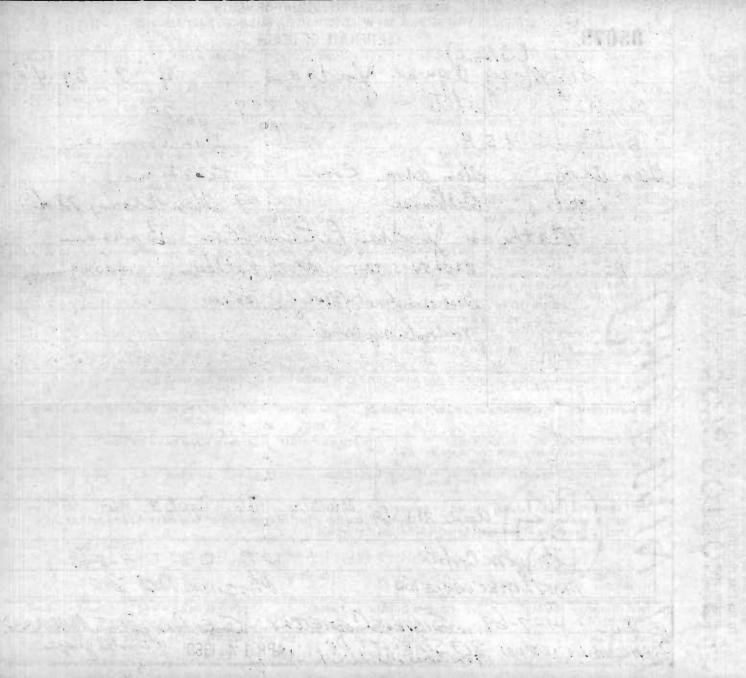
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05071 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month Day the attending physican and completely filled in by the fur sit permit. Then please remove carban papers. Pages 1 natian, or removal, and in any event, within 72 haurs after 3. SEX RACE DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER I YEAR IF LINDER 24 HRS MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO T YES 🗀 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, ng. or upknawn) (If yes give war or dates of service) 54-5098-7 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line, for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fastroinlistmal Bleeling crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) multiple muclomer. burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital or attending physician. stating the underlying couser burial lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tak FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use of Health p YES 🗍 NO 🗌 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) should be detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from Accomplete., 1946 (a. ta Garal) says the deceased glive an accomplete of and that in (my) (aux) applied death recurred 31cl 1969, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive an_ causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, page 3 should be filed DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) FRIETER 0 RECD BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05080 05072 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR ond 2 in by the funeral rs Pages 1 and 2 hours after death 24 hours after deoth (Type or print) Month 6 ETHEL BEASTON April Doyl 969Yeor **JOHNSON** 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthdoy) DAYS HOURS 9-29-1887 Female. Caucasian YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED rountry)
Penna bon papers within 72 h Ξ U.S.A WIDOWED X DIVORCED Baltimore filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within Dulaney-Towson Nursing Home Home working life, even if retired.) INDUSTRY attending physician ond completely to sermit. Then please remove carbon Towson for use os the bǔrial-tronsit permit. Then please remove cart Health prior to burial, cremation, or removol, and in ony event. executed 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Baltimore YES NOK Baltimore Dumbarton Road 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Theodore Lewis pe Sara--requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (II yes give war or dates of service) 214-46-8556 Shirley J. Hannon, 107 Aylesbury St. 21093 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by director. page 3 should be detached for use as the buriol-trail stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor I be detached for State Dept. of H P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from Sept. 4. 1963, to Popul 6, 1969, that (1) (we) last saw the deceased alive an April 5, 1969, and that in (my) (our) opinion death occurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (didnot) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF 1. DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) Pikesville, Maryland Bur May AL (Specify) 4-9-1969 Druid Ridge Cemetery 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 1050 York Road 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DAAPR 1969 Towson, Maryland 21204

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	physicial please inval, and i	160	(lf yes give wa	ED FORCES? 16b. SOCIAL SECURITY 220-1492		records	
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	C PHYSICIAL the hospital this certifica detoched for	ME	21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.		County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	TENDING ined by OR: After ould be ould be the Stot		220. I certify that (X) (this saw the deceased ali causes stated above,	hospitol) attended the deceose ve an <u>April 29</u> (I) (we) (did) (did nat) view the	ed from April 29 , 19 6 9 _ 69 and that in (144) (our) opi bady after death.	nion death accurred an the dote	, that 1() (we) lost and haur and from the
	OR AT be reta DIRECTO		22b. SIGNATURE	9. anne	DEGREE PHYS. M		4-30-69
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN TE Manth Day Year (Type or Print) ESTI-April Poge 9, 1969 Louis Kafer DEATH MATED IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. 3. SEX CARACCAST A NOATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 April 1969 5:20 P Male W. DEC. 27.1916 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9. COUNTY OF DEATH n 24 hours ofter death and lin Item 18 Give Pages 1, 2 ners Office glong with form with the Stote De COUNTRYLAND USA WIDOWED [DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR SPARROWS PT. 21219 give street address) Beth. Steel Sp. Pt. Hosp. during most of working life, even if retired.)
YARDMASTER INDUSTRY RATTROAD 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER odmission) STATE Md. 13b. COUNTY Balto. YES NO 1907 TOLSON DUNDALK lond 2 after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME Middle KAFER MAGADELENA hours poges 4 should be forworded to the Chief Medical Examiner within pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 213-09-4127 ANNA K. KAFER AS IN # 13 NO File within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Hypertensive Cardio-vascular disease Conditions, if ony, which gave rise ta immediate cause (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 05 remayal, be used 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES T NO F 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Or 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State moy be retained for your FUNERAL DIRECTOR: Page factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection | Inquiry L and in my apinian death resulted fram: . Natural causes Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Health NAME (Type) BURIAL CREMATION 23d. LOCATION (City or Town) (County) APRIL 6d GRDNS. FAITH BALTO. CO., MD 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEAPR Mierrika Judge DUNDALK, MD. 21222

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05076 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE KNOWNER Day Year (Type or Print) ESTI-2, and 3 to PM3. Page OF of DEATH MATED ment IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 4/20 YRS Barr 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH ice along with form country) USA WIDOWED DIVORCED Give Pages 0 the Stafe 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 24 hours after death 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY I and 2 with 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY odmission) STATE 13b. COUNTY ESSEX SIG WELLBROOK YES NO I after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME #Q UNK . = haurs shauld be forwarded to the Chief Medical Examiner's pages **ADDRESS** be executed within 17. INFORMANT File in ony event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES 🖂 pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) ar 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Day, Year 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County factory, office building, etc.) NOT WHILE AT WORK AT WORK the funeral directar. Page burial. 220. I certify that I took charge of the remains described above, held an Autopsy ... FUNERAL DIRECTOR: Inquiry P Inspection L ond in my opinion deoth resulted from: Notural couses Accident Suicide Homicide Undetermined monner priar ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may b ro FUNER Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 800 HORNINGTONKD BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURE VR A15ME (5) 300

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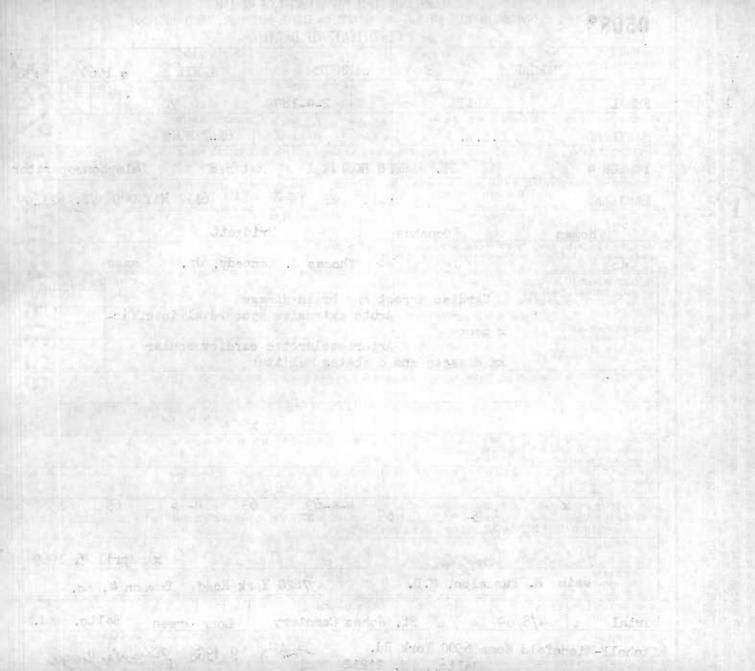
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MARYLAND STATE DEPARTMENT OF HEALTH 05087 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0507 DECEASED-NAME First Middle Last death. 2g. DATE OF DEATH death. 2b. HOUR P April Month D (Type or print) Alice L 1969 Kearfott 4:15 M 3. SEX 4. RACE after S. DATE OF BIRTH 6. AGE (In years SE LINCER 1 YEAR IF LINDER 24 HRS lost birthdoy) HOURS White Female 4-26-05 YRS haurs 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ban papers. within 72 ha country) Baltimore USA DIVORCED [Baltimore rpletely filled i WIDOWED IK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR St. Joseph Hospital Baltimore during most of working life, even if retired.)

Homemaker INDUSTRY and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREFT AND NUMBER Baltimore Kemave Maryland YES Box 115 Hydes, Maryland 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Benjamin Johnson Chamberlein Mary Howard physician (OR ATTENDING PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ar unknown) burial, crematian, ar remaval, 213-20-1303 M. Munroe Hollev Box 422 Kingsville Md 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY Acute myocardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove: Coronary artery thrombosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify that (*) (this haspital) attended the deceased fram 3-25 , 19 69 , ta 4-6 , 19 69 , that (*) (we) last saw the deceased an early and the deceased and haur and fram the be retained causes stated above, (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 4-7-69 director, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Revnaído Orjuela-Gomez, M.D. 7620 York Road, Towson, Maryland 21204 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) BEMOYAL (Specify) 4/9/69 Baltimore National Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 1969 Baltimore, Maryland Leonard J Ruck Inc

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	22d. PHYSICIAN'S NAME (Type) Dr. Dionyssios G. Caralis, M.D. 6701 N. Charles St	
	NAME (Type) Dr. Dionyssios G. Caralis, M.D. 6701 N. Charles St	21204

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05094 05086 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR death. The law requires that the death certificate be executed within 24 hours after death filled in by the funeral pagers. Pages 1 and (Type or print) KLEINER 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 70. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED SNEVER MARRIED country) & WIDOWED [DIVORCED [10 CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136-CITY OR TOWN 13e STREET AND-NUMBER and in any event 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last Last BELLA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address XXXXMRS. DOROTHY KLEINER, 3103 DONNA RD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATE MYOCARDIAL INFARCTION ACUTE signed by the attendi burial-transit permit. IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF MARTERIO SCLEROTIC CARDIO VASCULAR DISEASE Conditions, if ony, which gove ? rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use c Health p NO D YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from. 1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ O FUNERAL DIRECTOR: causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S PARK HEIGHTS NAME (Type) BERNARD R. SHOCHET 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (Stote) REMOVAL (Specify) SWINICHER WOLINER BENEVOLENT ASSOC., BALTIMORE, 4-8-69 BROS. INC., 6010 REISTERSTOWN RD. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S ocharles

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05096 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05088 1. DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR death. the Tuneral requires that the death certificate be executed within 24 haurs after death (Type or print) Month 10012 signed by the attending physician and campletely filled in by the tabular burial-transit permit. Then please remave carban papers. Sages burial, cremation, or remaval, and in any event, within 72 hours after S. DATE OF BIRTH 4 RACE 6. AGE (In years IF LINDER 24 HRS 3. SEX IF UNDER I YEAR last birthday) 80 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 1 DIVORCED [Balto, Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Homemaker INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE YES 🗀 NO Baltimore 6012 Loch Raven Blvd. 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First, Middle Last 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes. na. ar unknawn) (If yes give wor or dates of service) Mrs. John McQuade Jr -941 Ellendale 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO To O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark Jan 1968 to 22a. I certify that (1) (this hospital) attended the deceased fram_ Carried 1 1969, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an____ causes stated abave, (1) (we) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Comeano DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 6608 Loch Raven Blvd. NAME (Type) Joseph F. Palmisano M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23a. BURIAL CREMATION. REMOVAL (Specify) 9 Meadow Ridge Mem. Park Cem 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mischell-Wiedefeld Home-6500 York Rd. 21212 VR A15 4 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

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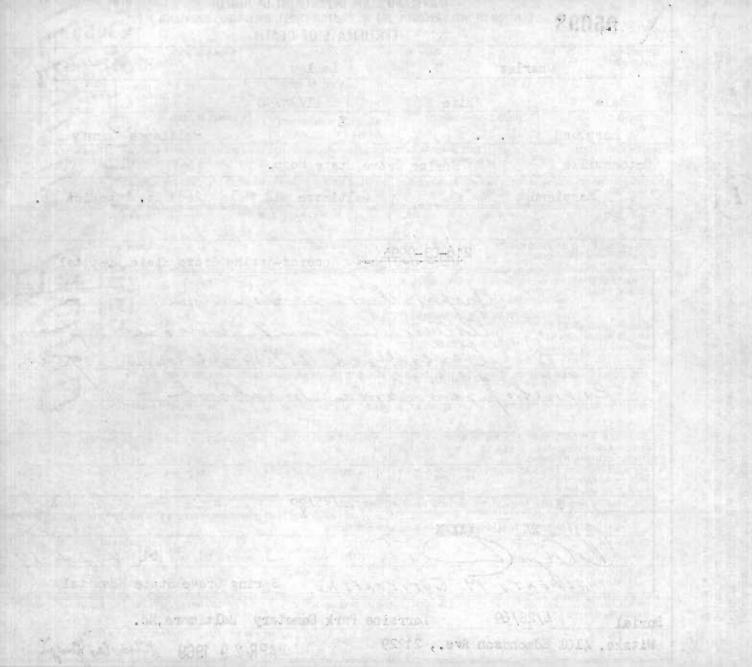
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 trans after death	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING,	STREET, FACTORY.)	21f. LOCATION Stre	eet or R.F.D. Na.	City or Town	Caunty	Stote
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AL Day E		22d. PHYSICIAN	T 0 0 /	Dist	22e. ADI	DRESS		1/ / /	
SPIT MA W Gr, d be		NAME (Type) Dr.	Laurence C.	Post		6005	York Road		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-trans, shauld be filed with the State Dept. of Health priar to burial, crease.	23a.	BURIAL, CREMATION, 23b.	DATE 23c. N.	AME OF CEMETER	Y OR CREMATORY	23d.	LOCATION (City ar Tawn)	(Caunty)	(State)
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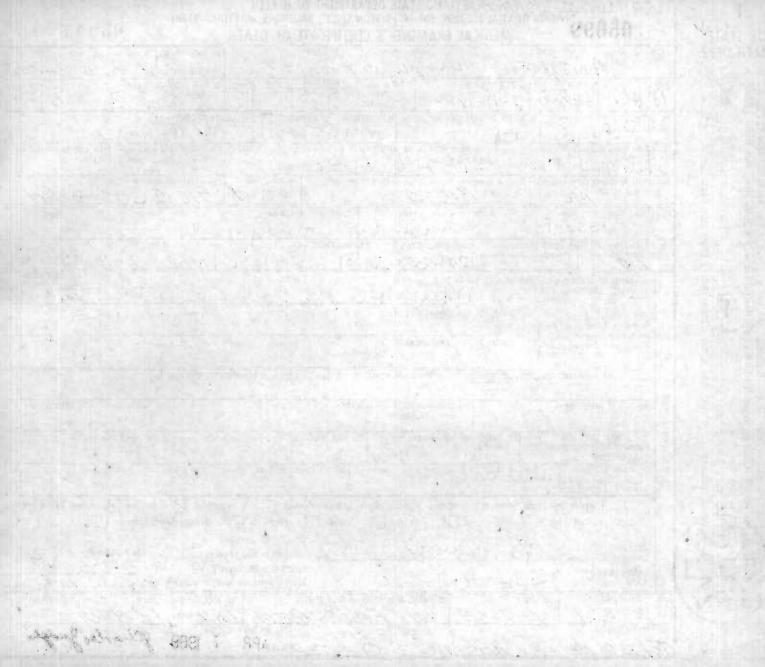
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OR ATTENE be retained DIRECTOR: A e 3 shauld ed with the	sow the deceased alive an	, and that in (Xny) (our) opinion dea ady after death. DEGREE PHYS. MED. DIRECTOR	th occurred on the date and hour and from the STAFF PHYS. 22c. DATE SIGNED 4-24-69 Cove State Hospital
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	230. BURIAL, CREMATION, PREMOVAL (Specify) 4/28/69 Lorra	METERY OR CREMATORY 23d. LOC ine Park Cemetery Bal	ATION (City or Town) (County) (State)
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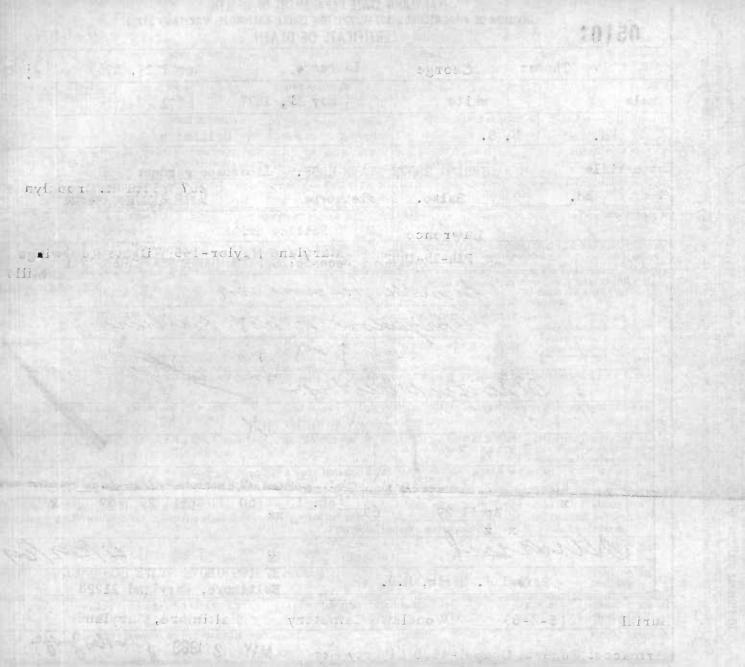


1 15/	Ttem7 FilmGhll 4/9/69kkMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05099 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05091
HEALTH DEPT.	1. DECEASED-NAME First / Middle / Lost 2g DATE KNOWN Mggth Day Year 2b HOLLE
. ± 6 5 ± /	(Type or Print) ANTIHONY VOSEPH Appinsk (DEATH MATED PM 3 149 2-34
ny deloy is 2, and 3 to PM3. Poge	3. SEX A. RACE S. BATE OF BIRTH 6. AGE (In years legislary) MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Year 1965 920 Nonth Apr Day 3 Year 1965 920 N
- E 0	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUT
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=	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor HOUR A.M. PRIMARY OR CONTRIBUTING NAM. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21f. IOCATION Street or R. F. D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21f. IOCATION Street or R. F. D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT home form street) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT
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please execute director. Page retoined for you. Directors: Page or to buriol, cre	22o. I certify that I taak charge of the remoins described above, held an Autopsy 🔲, Inspection 🗹, Inquiry 🗹, and in my apiniar
SICAL E	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
JITY BIC. JICA BIC. RAL DIRECT Prior to bu	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED / G
epu fun oy JNE	EXAMINER'S NAME (Type) OFFICE DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Bulen Ref Builting.
TO D nece the 5 m TO FL	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
(fig.	24. FUNERAL DIRECTOR ADDRESS 40/ 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15ME (5)	John M. WEBERY SOME MUC & CHESTER DATE APR 7 1988



5-1		DIVISION (D STATE DEPART 301 W. PRESTON S		.TH RE, MARYLAND 21201		
	05100			CERTIFICATE OF		,	05092	
death.	DECEASED-NAME (Type or print)	Stephen	Middle B•	Lost Lati		DATE OF DEATH April	28. 1969	24 HOUR C
after age to	3. SEX male	4. RACE	white	5. DATE OF July	BIRTH 10, 1892	6. AGE (In years last birthday)	IF UNDER † YEAR IF MONTHS DAYS H	UNDER 24 HRS.
4 haurs 1 in by eers. Peers. 72 hour	7o. BIRTHPLACE (State or fo country)		WHAT COUNTRY?	8. MARRIED NEVER M		UNTY OF DEATH		11.4
be executed within 24 haurs after death and campletely filled in by the funeral eremave carban papers. Pages and 2 in any event, within 72 hour after death.	10. CITY OR TOWN OF DEATH Catonsville	1.2	ve street address)	STITUTION (If not in haspital	12a. USUAL OCC	CUPATION (Kind of wark dar working life, even if retired Inter		Md. SINESS OR
unted v amplete ve carb event,	13a. USUAL RESIDENCE (Whe admission) STATE	re deceased lived, if insti 13b. COUNTY	tutian: Residence befare	13c. CITY OR TOWN Dundalk	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 59 Norths		
exe any	14. FATHER'S NAME Fir	st Middle	Last	15. MOTHER'S	MAIDEN NAME First	Middle		Last
be be se r		phen	Lating		Eliza	beth	Boeing	
rtificate shysici val, an	160. WAS DECEASED EVER IN Y93,80, or unknown)	U.S. ARMED FORCES? (If yes give war or dates of service)	213-07-55		s: SPRING	Address GROVE STATE I		
The law requires that the death certificate be executed wattending physician. has been signed by the attending physician and camplete se as the burial-transit permit. They please remove carb the priar to burial, crematian, ar removal, and in any event,	IB. CAUSE OF DEATH PART I. DEATH W	(Enter anly ane cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c)	ourer l.	obe >	uasi 8	APPROXIMATE BETWEEN DISET	AND DEATH
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res tho sician. sed by ial-tran	stoting the underlyin last.	g cause DUE TO, O	R AS A CONSEQUENCE OF	serce c	the p	veenn	un/s	
The law requires the attending physician. has been signed by se as the burial-tran the prior to burial, cre.		CANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
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G PHYSICIAN: The law re the haspital or attending rhis certificate has been detached far use as the te Dept. af Health priar ta	21a. ACCIDENT WAS U To per contributing CA (If either, natify medic	USE OF DEATH HOUR A.M			OCCURRED (Enter natur	re of injury in Part 1 or Part	2, Item 1B.)	
PHYS he has this cer detache Dept.	While Nat while at work	21e. PLACE OF INJUR	AT HDME, FARM, STREET, FAC DEFICE BUILDING, ETC.	TDRY.) 21f. LOCATION Str		City or Tawn	County	State
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be reto	22b. SIGNATURE	uon	ent	DEGREE PHYS.	DIRECTO	OR PHYS.	2c. DATE SIGNED 24-28-69	
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MARYLAND STATE DEPARTMENT OF HEALTH

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Catonsville	give street address) SPRING GROVE	STATE HOSP	· duing mayet	working life, even if retired.)	12b. KIND OF BUSII	NESS OR
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ALD. SIGINITORE		ATTE	NDING MED.	STAFF D	4- 28-69	
22d. PHYSIQAN Anth		PHYS 22e.	ADDRESS SPRING Baltimo	GROVE STATE H Ore, Maryland LOCATION (City or Town)	OSPITAL	
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	PHYS	this certi detached ie Dept. af	ME		. PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(TORY.) 21f. LOC	ATION Street or	R.F.D. No.	City or	Town	County	State
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	Page 4 may	FUNERA director, I Shauld be	23a.		ert J. I		CEMETERY OR C				(City or Town)	(County)	(State)
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FOR STATE	1/	eml3 FilmGl] MARYLAND STATE DEPARTMENT OF HEALTH 30/69 kk MEDICAL EVAMINED'S CERTIFICATE OF DEATH	05898
HEALTH DEPT.		1151116 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-	Doy Yeor 2b HOUR
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be exe "pendi nief Mé ansit pe event	27	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
d b d '' Chie rran y e'		nse to immediate couse (a), (b)	
shauld be executed within te word "pending" in pencil a the Chief Medical Examine burial-transit permit. File pagl in any event within 72 hai		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v he v ta th ta th buri d in		(c) Ned selectly asses at slagt (fast) next	4
ficate sing the ded ta as a b L. and	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SCLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	FION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, writ farwar used emava	CERTIFICATION	WAS PERFORMED?	
7 0 0 1	CERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dgy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, I	YES NO
#		PRIMARY OR CONTRIBUTING HOUR A.M. 4-41-64	rein 10.)
INE e ce sha file 3 sh atic	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAMINER: Execute the certifor. Page 4 should for your files. CTOR: Page 3 shouburial, cremation.	3	WHILE AT WORK AT WORK TO TAKE DELIGHT RS By Strue - Cont.	21016
L EX cecut Pag far y R: Pc ial, c			and in our relation
olcale exect director. Po director. Po estained for DIRECTOR: It to burial, in to burial,	3	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner	ond in my apinion
	6		
2 2 .9	0	SIGNATURE ROBERT B Taylor MD ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
UTY, Dary, Prero		DENITY MEDICAL PROPERTY OF THE	21-69
O DEPUTY necessary, p the funeral 5 may be re O FUNERAL Health pria		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	H.J. St.
the Hee	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (Stote)
		REMOVAL (Specify) BURTAL 4-22-69 BETH FL MEMORIAL PARK RANDALLSTOWN, MA	' ''
1		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 ADGRESTRAR 250 ADGRESS 250 ADGRESTRAR 250 ADGRESS	SIGNOURE
VR A15ME (5)	SC	L LEVINSON & BROS., 6010 REISTERSTOWN ROAD DAPR 2 3 1969	July -
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OCTOO NEW SEAMERS DESIGNATION OF PAGE Exp. Control of the c A CONTRACTOR OF THE PROPERTY AND ASSESSED.

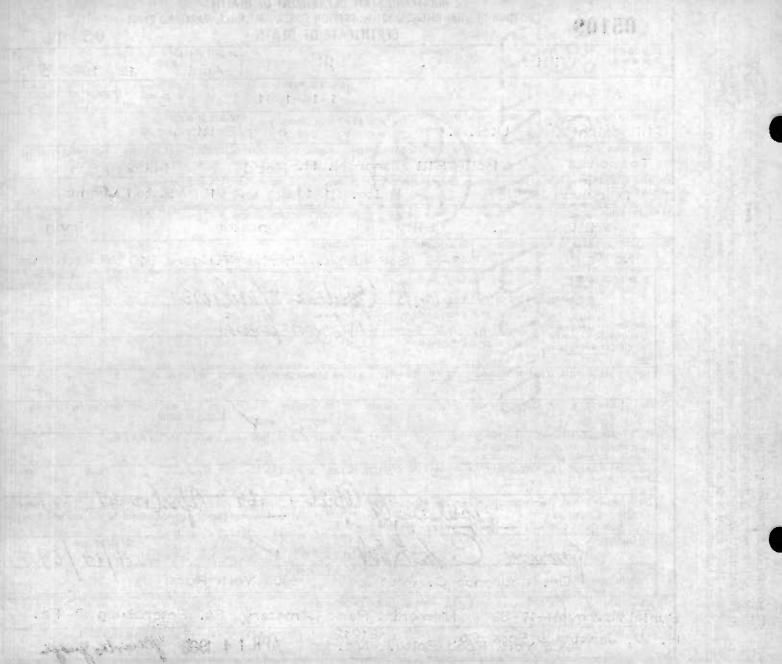


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05108 05:00 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b, HOUR death. requires that the death certificate be executed within 24 haurs after death (Type or print) Lichtenberg Burt nmi BURTON **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Eages I should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS | OAYS White 7-29-27 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Norfolk, Va U.S. DIVORCED [Balto.Co. WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street address) 12b. KIND OF BUSINESS OR during most of working life, even if retired, SALESMAN Randallstown, Md 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Balto 6822-C Townbrook 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last Pearl nmi Miller Lichtenberg Samue. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? LICHTENBERG, 3421 (If yes give war or dates of service) Yes, no, or unknown) TT NAUV APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ; rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF ar attending physician. stoting the underlying couse! last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO P 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) HOUR A.M. Month Day Year (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this hospital) oftended the deceased from 3/14/63, 19, to 5, 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. ATTENDING PHYS. STAFF DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 6410 WINDSOR MILL 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (State) REMORATION (Secify) 4-6-69 BETH JACOB FINKSBURG, MARYLAND & BROS., 6010 REISTERSTOWN ROAD 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1969 Misulas Judge 30M REV. 1/68

THE THE SOUTH VIEW AND THE PROPERTY OF THE STANDARD MILESCHIEF CONTRACTOR SERVICES AND ACCURATE SERVICES. ASSESSMENT OF THE PROPERTY OF

1 1	05400		D STATE DEPARTMENT OF HEA 301 W. PRESTON STREET, BALTIMO		
	05109		ERTIFICATE OF DEATH		05101
		liam C.	Lilly	April Month 129,	1969 35 M
). SEX	4. RACE	S. DATE OF BIRTH 1-14-1881		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
L'	o. BIRTHPLACE (Store or forma.	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	COUNTY OF DEATH Baltimore	Md.
	O. CITY OR TOWN OF DEATH TOWSON		lanor N. H. Heling	OCCUPATION (Kind of wark dane af working life, even if retired.)	
0	3a. USUAL RESIDENCE (Where dece	ased lived, it institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMITST Balto. 21212 YES NO		venue
1	4. FATHER'S NAME First William	Middle Last C. Lilly	Is. MOTHER'S MAIDEN NAME First Annet	Middle	Irving
	6a. WAS DECEASED EVER IN U.S. Al Yes, no Prophinknown) (If yes give	RMED FORCES? e war or dates of service) 043-05-53		T. Coard 810 W	/inston Ave
	Conditions, if any, which gave rise to immediate couse (o) stating the underlying couse last.	DIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	Cardiae Francisco Certarios Certario	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	2	b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (Enter no	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. Month Day Year niner) P.M. 19		City or Town	
	While Not while 22a. I certify that (I) (t saw the deceased causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	his hospital) attended the decease alive on the local seven (I) (we) (did) (hid not) view the local seven (I) (hid not) view	opinio de	n death of urred on the date TOR STAFF 22c. DA TOR PHYS. 4	ATE SIGNED 14/69
	urthay Meethovald	-17-69 Memori		St. Petersbur	
11-8	4. FUNERAL DIRECTOR KIPS	& Sons Co. ADDRESS Balto	21212 250. RECD BY RED APR 1	4 1969 25b. REGISTRAR'S SI	GNATURE



FOD STATE	(15110	DIVISION OF	MEDICAL EXA						0510	2
HEALTH DEPT.	1. D	ECEASED-NAME	First		ddle	Lost	E OF DEATH	20. DATE KNOWN	Month	Dov Yeor	2b. HOUR
		ype or Print)	NORMA	EDI			UCY	OF ESTI- DEATH MATED		19	AA
	3. SE	X 4. RA		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEA	R IF UNDER 24 HRS	2c. DATE PRONOUN		17	2d. HOUR
delay		304047		1-26-23	lost birthday) 45 YRS	MONTHS DAY	'S HOURS MIN.	Month April	Day 4.	Yeor 1969	2d_HOUR 5:30 p. M
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form, form	coun	Many!	and	4.5.A.			DIVORCED [Baltimon	re .		Md
age age the fatter that	10. C	ITY OR TOWN OF DEAT	TH	11 NAME OF HOSPI	TAL OR INSTITUTION	N (If not in hosp		OCCUPATION (Kind of	work done	12b. KIND OF BUS	INESS OR
24 hours after deother in Item 18. Give Pages is Office along with for its Iond 2 with the State is ofter death.				give street address) 2902 N	lichigan	Avenue		of working life, even	if retired.)	INDUSTRY	Taxana .
Giv Giv ong ong ith t	130.	USUAL RESIDENCE (W	here deceased live	ed, if institution: Residen	ce before 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND N		7-5-6	-1-3
hours after Item 18. Giv Office along 1 and 2 with offer death.	q	nasion 1844d	136	Baltimore			YES NO X		ichiga	n Avenue	
hours Item 18 Office Jond 2 v	14. F.	ATHER'S NAME	First	Middle	Lost	1S. MOTHER'S	MAIDEN NAME First	1	Middle	lost	
24 h		Vose		M. Hec	1/eR		Edi	18		denae	347
thin 24 miner's miner's pages hours		WAS DECEASED EVER IN es, no, or unknown)	U.S. ARMED FORCES (If yes give wor or de	10010001140		17. INFORMANT	, ,		RESS ,	1	
2 to 100 mil	,,,	No	(it yes give war ar a	217-6	16-3275	Howak	el W. Luc	4-2402	Mich	192 m 14	ire.
0		18. CAUSE OF DEAT		couse per line for (o), (b)					-	APPROXIMATE BETWEEN ONSET	
xecuted nding; ij Medica permit.		PART I. DEATH	IMMEDIATE CAL	JSE (o) Guns		nd of Ne	ck				
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I be Chier rons		rise to immediate	ouse (a)	(b)	AUTHOR OF						
shauld be e ne word "per o the Chief, buriol-tronsit I in ony ever		stoting the underly lost.	ing couse	DUE TO, OR AS A CONSEC	UENCE OF						
		_	,	(c)	DUT NOT DELATED	TO THE TERMINA	U DISEASE OD COUDIT	ION CHIEF IN CART W	,		
This certificate shauld be execute itote, writing the word "pending" be forworded to the Chief Medical do used a buriol-transit permit or removal, and in any event with		PART 2. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUI NOT KETATED	TO THE TERMINA	AL DISEASE OR CONDITI	ION GIVEN IN PART I(0)		
certification or writh or world or world used imovo	CERTIFICATION	190. DATE OF OPERAT	ION		ON FOR WHICH OP	ERATION	1-11-11-11			20. AUTOPS	(?
	TIFIC			WAS PE	RFORMED?					YES	NOX
	CER	210. EXTERNAL CAUSE	WAS 2	21b. TIME OF INJURY Month			OCCURRED (Enter not			tem 18.)	1 3
XAMINER: This te the certificate, ge 4 should be fe your files. age 3 should be to age 3 should be to cremation, or rer	MEDICAL	PRIMARY X OR CON CAUSE OF DEATH		F . TO 1.18%	.4 19 69		shot sel		neck		1
	ME	21d. INJURY OCCURRE	1	OF INJURY (At home, form office building, etc.)	, street,	21f. LOCATION Sti		City or Town		County	Stote
cessory, please execute the funeral director. Poge 4 may be retained for your FUNERAL DIRECTOR: Page ralth prior to burial, crem		AT WORK AT WORK	(X) r	nome			2 Michiga	n Avenue,	Balti	more, Ma	ryland
cal Executor Poce ed for CTOR: Purial,			,	harge of the remains					Inquiry [ny apinion
bicat se exe ector. F ned fo RECTOR	1	death resulte	d from: No	itural causes	Accident,	Suicide X	, Hamicide [], Undetermine	d manner		
please I director retained L DIREC		ACTUAL III	12 10	1 75	1		CHIEF MEDICAL EXAMI				
AL AL		SIGNATURE	YIV	hulle	(ASSISTANT MEDICAL EX		22b. DATE		
NER PE		EXAMINER'S T	Verner U	. Spite M.I	6.0		DEPUTY MEDICAL EXAM		4/	15/69	
TO DEPUTY DICAL EXA necessory, please execute the funeral director. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page Health prior to burial, cre		NAME (Type)	<i></i>	. ()	WILL OF CENTERS		ADDRESS(Street, city,		Town	15	
5 = 2 D =	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	/	NAME OF CEMETER			d. LOCATION (City or	rown)	(County) (S	itote)
	24	EUNERAL DIRECTOR	17/10	1/07 /	ADDRESS	edee	2So. REC'D BY R	EGISTRAR 25h	REGISTRAR'S	SIGNATURE	
VR A15ME (5)	1	10 13 10 1	Sil	val - 216	15	louid.	DATE APR		Ocho		pe
10M REV. 1/68	-	ne with v		1.16	1 1000	work with	AFR	10 MOOD	0		,

MAKTLAND STATE DEPAKTMENT OF HEALTH

1 1//1	05111		301 W. PRESTON STREET, BAL		
le le	Item10 FilmG411		CERTIFICATE OF DEATH	TIMORE, MARTLAND 21201	05103
er deoth.	I. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	(Type or print) DOLORES	R.	LYNCH	Month	Peor M
	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Female	White	April 12,	last hirthday)	MONTHS DAYS HOURS MIN
	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	(country) Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Cour	nty Md.
	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. USL	JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
1	Baltimore	give street oddress) 1523 Cleary	wood Road Hou	nost of working life, even if retired. I sewife	None
	3o. USUAL RESIDENCE (Where decease admission) STATE	ed lived, if institution: Residence before	13c, CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	HOHE
	Maryland	13b. COUNTY Baltimore	YES N	XX 1523 Clearwo	ood Road
	4. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost
	James	Shiple		Rose	Herrlich
ł	160. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give wo	ED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
L	No -	None	Walter H. Lynd	ch 6530 Franklir	Road
	1B. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	party Come		2WK
1	174X	DUE TO, OR AS A CONSEQUENCE OF	1 1 . 0		1
	conditions, if ony, which gave rise to immediate couse (o),	(b) M°	Gestate la	ramon	1-30
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	> 1 6		20
1	last.	(c)	ness con	enon	270
1	PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	0
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1	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	The Control of the Co	CALISES OF DEATHS	CONSIDERED IN CERTIFYING
	196. DATE OF OPERATION 196. C	2 OIL TIME OF INDIDA	YES NO		
		HOUR A.M. Month Doy Year	ZIC, HOW INJURY OCCURRED (Ente	er noture of injury in Part 1 or Port 2	?, Item IB.)
	GOR CONTRIBUTING CAUSE OF OEATH				
	While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. No	c. City or Town	County, Stote
	UI WUIK UI WOIK	hasnital\ attanded the decision	M L 8 10	18 10 Aug 1	067 4-1
	saw the deceased ali	ve an 4/10/69	ed from , 19 9 – 9, and that in my (aur) op	inion death accounted on the	date and hour and tram the
	couses stated above	(I) (we) (old Odid not) view the	body after death.	mion decili accorred on the c	date and noor any main the
	22b. SIGNATURE	00	· Rus	220	c. DATE SIGNED
1	eary	word DOS	DEGREE PHYS.	DIRECTOR PHYS.	4/16/69
	22d. PHYSICIAN'S NAME (Type)	YMOND.D.T.	SAHR n See. ADDRESS	SX Anno	Hoop
7	30. BURIAL, CREMATION, 23b. D	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Jown)	(County) (Stote)
	REMOVAL (Specify) Burial 4-	19-69 HAMPS'	PEAD CEMETERY	Hampstead Car	
1	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY RECISTRAPO CO 25b.	TO THE STATE OF TH
	William E. John	nson 8521 Loch Re	aven Blvd. DATE	11 1000	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05112 05104 CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOUR First Middle Lost 20. DATE OF DEATH executed within 24 haurs after death (Type or print) Month Maddox Frank 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS Male May 29, 1900 Negro 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED SON SON Virginia 10. CITY OR TOWN OF DEATH USA and campletely filled remave carban pape Baltimore within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
St. Joseph Hospital during most of working life, even if retired.) **INDUSTRY** Towson event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 436. COUNTY YES DC NO Baltimore 1500 E. Chase St. #21213 and in any 14. FATHER'S NAME First Middle 15. MOJHER'S MAIDEN NAME First Middle Lost tiffcate be AURA hysician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no: or unknown) (If yes give war or dates of service) burial-transit permit. Then be burial, crematian, ar remaval, dox 1839 E LAFAYE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Intractable Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Myocardial Infarction rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse (c) Hypertensive Arteriosclerotic Cardiovascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 this certificate has been be detached far use as the State Dept. af Health priar ta OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work TO FUNERAL DIRECTOR: After 220. I certify that **) (this hospital) attended the deceased fram March 14, 19 69, to April 10, 19 69, that **) (we) last saw the deceased alive an April 10 19 69, and that in (mg) (our) opinion death accurred on the dote and hour and fram the be retained with the causes stated obove, to (we) (did) (did pat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING ombo directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS. April 10, 1969 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Camilo Tomboc, M.D. 7620 York Road Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION LOCATION (City or Town) (County)

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ford belianced by 2020		. L. H. (doddes)	in any
AND SALVEST BAR B.		Market State	

1	05113	DIVISION OF	VITAL RECORDS,	301 W. PR	ESTON STREET, BA	ALTIMORE, MA	ARYLAND 21201	05103	
1. DECEASE	ED-NAME Fir		Middle		Last	2a. DATE (2b. HOUR
(Түре а	or print) Anna		Louis	е .	Maeser	4	Manth 15 Da	y 69°°ar	M
	Female	4. RACE Whit			DATE OF BIRTH	88	6. AGE (In years last withday) YRS.	HE UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. 8IRTHP cauntry)	PLACE (State or foreign Marylan	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY O	of DEATH timore Co	untv	Md
	R TOWN OF DEATH	11. NAI	ME OF HOSPITAL OR INS	en.Ho	in hospital 12a. l	JSUAL OCCUPATIO	N (Kind af wark dane a life even if retired.)	12b. KIND OF B	USINESS OR
13a. USUAI admissian)	RESIDENCE (Where dece STATE Maryla	good lived if institution		13c. CITY OR 1		NOCT	street and number	n Ave.	
14. FATHER	R'S NAME First	Middle	Last		MOTHER'S MAIDEN NAM		Middle		Last
16a, WAS	Will DECEASED EVER IN U.S. A		Beck 16b. SOCIAL SECURITY N	er	FORMANT	Elizabe	th Schuma	ret kno	wn
	verunknawn) (If yes giv	e war or dates of service)		Do	prothy M. S	chott -	2419 Pelha	m Avenue	ATE INTERVAL
Cond nise 1 statisticul lost. PART M 190. E 100 PR	ditians, if any, which gave to immediate cause (a) ng the underlying cause T 2. OTHER SIGNIFICANT COMMENT OF OPERATION ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE OF Dither, notify medical examination and comments of the c	DIATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) ONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH A.M. P.M. P. PLACE OF INJURY (This haspital) attentions and the properties of the contribution of the contributions of the contributi	INJURY Manth Day Year AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	or related to proper to the pr	THE STATE ST	OR CONDITION, GIVE CAUSE	IF YES, WERE FINDINGS (ES OF DEATH? YE jury in Part 1 or Part 2, ty or Town 19 accurred on the do	CONSIDERED IN CEI	State
23g. BURI	NAME (Type) IAL, CREMATION. 238	. DATE	23c. NAME OF C		REMATORY		TION (City ar Tawn)	(Caunty)	(State)
24. FUNER	Surial RAL DIRECTOR AL DIRECTOR	1-19-69 2 Inc-6415	Garden ADDRESS Belain Ro	s of F	aith Cemet	D BY REGISTRAR	Paltimone 1 25b. REGISTRAR'S 968 ACLES	ryland SIGNATURE Wes yes	ge.

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		244			DIVISION O	F VITAL RECORDS,	301 W. F	PRESTON STR	REET, BALTIMOR	E, MARYLAND 21	201		
				05115			CERTIFIC	CATE OF	DEATH			051	07
	- 2-		1. DE	CEASED-NAME Fir	it	Middle		Lost	2a.	DATE OF DEATH			2b. HOUR
	death. and 2 death.		(1	ype or print)	rl	Α.	3./	Sanath		Manth	Day	Year	M
	p p	- 1	3. SE		4. RACE	- B.		S. DATE OF BI	RTH .	6 AGE (In ve		1969 IF UNDER 1 YEAR	IF UNDER 24 HRS.
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1	arb arb		130.	USUAL RESIDENCE (Where dece	osed lived, if insti	tution: Residence befare	13c CITY O		13d. INSIDE CITY LIMITS?	13e. STREET AND NUM		- 21 22	<u>C</u>
	physician and completely fen please-remove carban aval, and in any event, with	13	admi	ssian) STATE Md.	13b. COUNTY	Baltimore	Ful	lerton	YES NO	4139 Oak		Avenue	21236
	and and in any	1	14. F	ATHER'S NAME First Charle	Middle S	Lost Mar	neth	S. MOTHER'S MA	ATT C	gusta M	iddle	Zimm	last
	ian ase		160	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY		INFORMANT	*****		ldress	ZALAIMI	161
	ificat iysici ple al, a	Y.	Y		war ar dates of service)	212-01-3			a E. Mane		ak Hi	11 Aver	1110
	rerti p ph hen nav	100		18. CAUSE OF DEATH (Enter	only and cause nor					344 234 77	20. 11.1	APPROXIMA	ATE INTERVAL
	at the death cer the attending p nsit permit. The mation, ar rema			PART I. DEATH WAS CAU	ED BY:			1-				BETWEEN ON:	SET AND DEATH
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	he at per trian			Conditions, if ony, which gav		R AS A CONSEQUENCE OF	10.	0	De			1 lender	4
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	equires tha physician. signed by burial-tran	634		PART 2. OTHER SIGNIFICANT C	(c)	DUTING TO DEATH DUT N	OT DELATED 3	TO THE TERMINAL	DISEASE OR COMPLE	ION CIVEN IN DADT 1/-			
	The law requires the attending physician. has been signed by se as the burial-trar the priar to burial, cre			PART Z. UTHER SIGNIFICANT C	UNDITIONS CONTRI	BUTING TO DEATH BUT N	IUI KELATED I	IU IHE IEKMINAL	DISEASE OKCONDIT	ION GIVEN IN PART I(d	1		
	din din		NOI	19a. DATE OF OPERATION 19	L CONDITION SOP	WHICH OPERATION WAS PE	DEUDWED	20a. AUTO	DCV3	20b. IF YES, WERE FIR	NDINGS CC	NCIDERED IN CER	TIFYING
	tten tten as k as prid	2	CERTIFICATION	17d. DATE OF OPERATION	D. CONDITION FOR I	MILET OF EXAMINATION WAS TE	KIOKMED	YES T	NO NO	CAUSES OF DEATH?	ibinos co	MUNDERED IN CER	.III TINO
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	AN al al ficat far He			OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	A. Manth Day Year		1014 INJURI OCC	ulbil lellis) daxwo	e or injury iii run 1 di	run Z, II	10.)	
	SIC spit ertilled ed af		MEDICAL	(If either, natify medical example 121d, INJURY OCCURRED 2	e. PLACE OF INJUR		GTORY) OLE I	OCATION Stree	A ca D.C.D. No.	City or Town		Caunty	State
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	by fter be stat	a		22a. I certify that (I) (this hospital) a	ttended the deceas	ed from_	1-19	<u>-67, 19</u>	10 4-22	, 19_	47, that	(I) (exe) lost
	END ned R: A uld the S			22a. I certify that (I) (saw the deceased	alive an(dir	d) (district) view the	bady after	nd that in (m death.	y) (eur) apinian	death accurred an	the dat	te and haur a	nd tram the
	F ip C is in the second			22b. SIGNATURE	70, (an	a) (Senot) view inc	bady arror	a dann			-	ATE SIGNED	
	DOR JOR JOR JOR JOR JOR JOR JOR JOR JOR J			P	In E	· HAC	DEG	REE PHYS.	MED.	OR STAFF	1 4	1-2K-1	4
	TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 should be filed w	1		22d. PHYSICIAN'S NAME (Type)		19/10		22e. ADD		Par /	B 16	27/23/	me
	A n A n NER tar,		-	7	HN (. Tyle		75		a ver		7 7	
	HC age		230.	PEMOVAL (Specify)	DATE	23c. NAME OF			23d	LOCATION (City or Tov Baltimore		(County)	(Stote)
	5-5-0		24	Burial /	-25-1969) Lorra:	ine Ce	metery	2Sp. REC'D BY REG			SIGNATURE	•
	VR ATS	O.F.		assahn Funera	l Home 7			21236	APR 25				
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	Safety Table
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lie	MARTLAND STATE DEPARTMENT OF HEALTH	
6	05116 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	05108
. 2	1. DECEASED-NAME First 1/2 Middle Lost 20. DATE OF DEATH	
hin 24 haurs after death. filled in by, the funeral papers, Pages I and 2 thia 22 haurs after death.	(Type or print) BLANCHE MANSON 04 ^{Month} 16 ^{Day}	Yeor 69 2b. HOURP
fur 1	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
s aff	FEMALE CAU 1-30-12 los 5 big hdoy) YRS.	ONTHS DAYS HOURS MIN
haur haur	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 Feb.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done	Md.
within within the report of the polymer polyme	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
campletely ave carbon	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE_CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UT EVEL JY
executed cample smave ca any even?	TOWALLEM.	SDR.
e rem	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
AN: The law requires that the death certificate be executed within 24 halor attending physician. It is been signed by the attending physician and campletely filled in for use as the burial-transit permit. Then please remove carbon papers. Health prior ta burial, cremation, or removal, and in any event, within 224.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. of unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT HAMAS B. K. A. Piùg # 13	
oth ceri	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: LIVER FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS
requires that the death certific g physician. signed by the attending physe burial-transit permit. Then a burial, crematian, or removal	DUE TO, OR AS A CONSEQUENCE OF Conditions if any which gave \ METASTATIC CAPCITIONA OF LITTER	SEVERAL MO
that an. by th rransii	rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF STATE OF THE COUNTY OF THE	
uires nysici gned rrial-	()	0-7 YRS
v requing phing ph		
The lay attend attend has be se as the prior of the prior	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO X 206. IF YES, WERE FINDINGS CON CAUSES OF DEATH? 216. HOW INJURY OCCURRED. (Firster potuse of injury in Port Lor Port 2. Ise	SIDERED IN CERTIFYING
CIAN: vital or rifficate far u of Heal	GI OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	m 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, cre	21d. INJURY OCCURRED While Not while of work o	County State
ADING d by th After d be d	22a. I certify that (I) (this haspital) attended the deceased from 4-03, 19-69, to 4-16, 19-6	DE TO, OR AS A CONSEQUENCE OF PRIMARY BREAST CANCER (c) PRIMARY BREAST CANCER (c) PRIMARY BREAST CANCER (d) PRIMARY BREAST CANCER (e) PRIMARY BREAST CANCER (g) PRIMARY BREAST CAN
TTEN Gaine Gore Tould the the	causes stated abave, (i) (we) (did) (did nat) view the bady after death.	
OR A be ret be ret e 3 sleed with	22b. SIGNATURE 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22c. DA 4-	TE SIGNED 16-69
PITAL may ERAL I	22d. PHYSICIAN'S NAME (Type) RICHARD L. SMITH MD 22e. ADDRESS 6701 NORTH CHARLES STR	EET
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	RFMOVAL (Specify)	(County) (Stote)
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS ADDRESS APR 2 2 1969 APR 2 2 1969	SNATURE .
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		05117	DIVISION	OF VITAL RECORDS,	301 W.				YLAND 21201	05	109
geath.			Annie	Middle .	Marri	lost	20	DATE OF D		y 1969 Yeor	2b. HOUR
	3. SE)	female	4. RACE wh	nite		S. DATE OF B	1892		6. AGE (In years last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS OAYS	
47/	coun	" MD.	U. S		WIDOWED			ounty of tall		-4.13	Md.
10	C	TY OR TOWN OF DEATH Catonsville	gi	NAME OF HOSPITAL OR IN ve street oddress) PRING GROVI	STITUTION (IF	not in hospitol E HOSP.	during most of	f working li	Kind of work done fe, even if retired.)	12b. KIND O INDUSTRY	F BUSINESS OR
30	3o. I	USUAL RESIDENCE (Where decision) STATE	eosed lived, if inst	itution: Residence before	Balt	R TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STRE 180	et and number 3 Dover S	treet	
4 L		ATHER'S NAME First BASI		CAV	EY	IS. MOTHER'S M.	AIDEN NAME First	RGAR	5 T Middle	RE	Lost
	160. Ye	WAS DECEASED EVER IN U.S. / es, no, or unknown) (If yes gi	ARMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY 219-20-7		INFORMANT Records	: SPRING	GROVI	Address E STATE	HOSPITA	TAL AND OF BUSINESS OR STRY Lost REDMOND I TAL APPROXIMATE INTERVAL ETWEEN ONSET AND OF DEATH TO STORE TO S
×		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME Conditions, if ony, which govise to immediate couse (a stating the underlying coustast. PART 2. OTHER SIGNIFICANT (DIATE CAUSE (o) DUE TO, O (b) DUE TO, O (c)	OR AS A CONSEQUENCE OF	A		il disease or condi	ITION GIVEN	IN PART 1(o)	BETWEEN	ONSET AND OEATH
X	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUTO			YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
		21o. ACCIDENT WAS UNDERL ☐ OR CONTRIBUTING ☐ CAUSE OF C (If either, notify medicol exo	YING 21b. TIME DEATH HOUR A.I miner) P.I	OF INJURY M. Month Doy Yeor M.		HOW INJURY OC	CURRED (Enter note	ure of injury	in Port 1 or Port 2,	Item 18.)	
	×	21d. INJURY OCCURRED 2 While Not while	le. PLACE OF INJUR	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					r Town	County	
	200	220. I certify that (15) (saw the deceased couses stated abo	this hospital) of alive an ove, (I) (we) (di	ottended the deceased) (3 d) (did not) view the	ed fram_ 9_ 63 , ar bady after	Aug • 1 nd that in (m deoth.	y) (our) opiniar	, to <u>4//</u> n death ac	, 19 courred on the d	69, the ate and hav	at (I) (we) last r and from the
/		22b. SIGNATURE PHYSICIAN'S 22d. PHYSICIAN'S	& A	1/	CODEC	REE PHYS.	DIRECT DIRECT	GROV		DAYE SIGNED OSPITAT	9
	130		b. DATE	CALLIANA 23c. NAME OF		D CDEMATORY			Maryland (City or Town)	21228 (County)	(stote)
		REMOVAL (Specify)	4-16-6	9 M.T. O. ADDRESS	LIVE			ANDE	ELLSTON	N	
(88)	W		'L HOME		TRICI	YER STS	DAMPR 1	5 196	9 2Sb. REGISTRAR'S	res for	ige.

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Special Section 21			

			ATE DEPARTMENT OF HE		
5		ISION OF VITAL RECORDS, 301		MORE, MARYLAND 21201	
	05118		IFICATE OF DEATH		05110
deoth. nerol ond 2 death.	EASED-NAME First pe or print)	Middle	Last	2a. DATE OF DEATH Month 2 6 Day	67 Yeor 2b. HOUR
de l'on r de	JOHN	9, MASON	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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hours after in by the f fs. Pages hours offe	RTHPLACE (State ar fareign 7b. C1			COUNTY OF DEATH	
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executed within 24 hours after deothing completely filled in by the funerol femove carbon papers. Pages 1 and 2	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION	ON (If nat in haspital 12a. USUAL	OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
Mith Selection	DWSON	give street address)	K AUE CL.	t of warking life, even if retired.)	SC hoel
ted hplet vent	SUAL RESIDENCE (Where deceased live ian) STATE 13b	COLINTY M	TITY OR TOWN 13d, INSIDE CITY LIMI		. Aut
con nove	THER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME Firs	JINNE IV IVO	Last
an a	- LA hav	MASON	WNKNOW		1031
ond ond	VAS DECEASED EVER IN U.S. ARMED FOI	RCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
hysi val,	, na, ar unknawn) (If yes give war or date	314-20-503:	MARIE MASON	1-312 LENNO	A AUE.
ng p The	8. CAUSE OF DEATH (Enter only one				APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
endi mit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	JSE (a)CA	RCINOMA L	-UNG	
he de att	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
not t y the nsit	ise ta immediate cause (a),	(b)			
The law requires the ottending physicion. hos been signed by se os the burial-tro the prior to burial, cre	toting the <u>underlying couse</u>	(c)			
quir phys signe suric	PART 2. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(0)	
ing ing sen sen the b					
e lay tend ss be os i prior	90. DATE OF OPERATION 19b. CONDIT	TION FOR WHICH OPERATION WAS PERFORM		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
e house	To. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	YES NO 21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2	Item 181
ficat for for for f He	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	ZIC. HOW HOOK! OCCORRED (Ellie)	nuisie of injusy in Port 1 of Turi 2,	116111 10.7
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the attending physician any 3 should be detached for use as the burial-transit permit. Then please the with the State Dept. of Health prior to burial, cremation, or removal, and in	If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE	P.M. 19 OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City ar Tawn	Caunty State
he he he this letace	t work at work				
by t by t ffer be c State	22a. I certify that (1) (this hos	spital) attended the deceased fro	im 3-20, 1968	, to <u>4-26</u> , 19	69, that (1) (we) las
rend ned R: A uld the the	couses stated abave, (I) (spital) attended the deceased from 1969 an <u>F-2-6</u> 1969 (we) (did) (did no t) view the body	z, and that in (my) (aar) apin after death.	ian death occurred an the di	ate and nour and train the
ATI etoij sho sho vith	2b. SIGNATURE	4 i		22c.	DATE SIGNED
OR be red welled w	from	Steller		D. STAFF PHYS.	4/28/69
SPITAL 4 moy IERAL or, pog Id be fil	PHYSICIAN'S NAME (Type) TEROME	GABER	22e. ADDRESS	BELLONA A	V
FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use os the burial-transit permit. Then please Temove carb should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	RIIPIAI CPEMATION 235 DATE	23c. NAME OF CEMET		23d. LOCATION (City or Town)	(County) (State)
O HOO Poge O FUN shoul	REMOVAL (Specify)	69 Please	A Rest	Towson Ba	etr. Co. ma.
VR A15(A)	UNERAL PURECTOR	ADDRESS	250 PECD BY	REGISTRAR 2Sb. REGISTRAR	SIGNATURE
30M REV. 1/88	n.c. challian, y	1- 101115 affeld	DATE IN G	3 1303	and Second Day

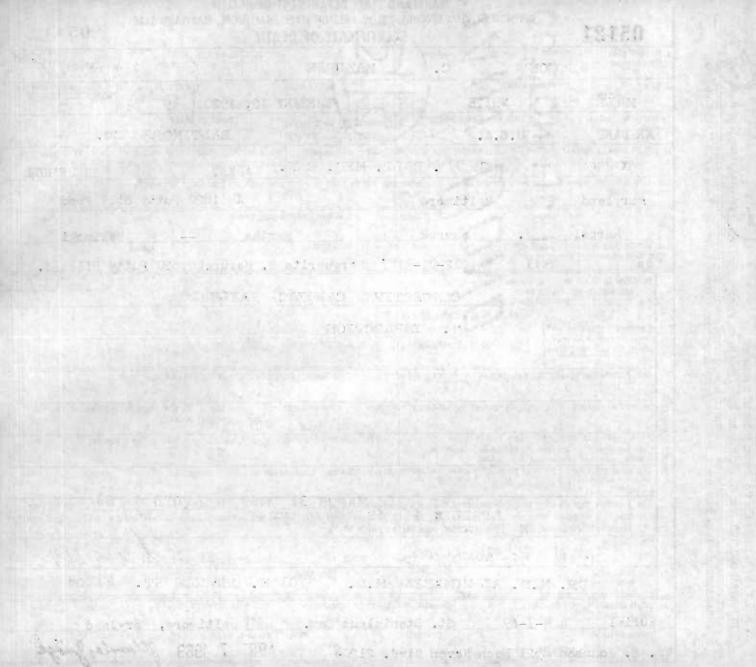
1	1	1			MARYLANI DIVISION OF VITAL RECORDS,	D STATE DEPARIMENT OF 301 W. PRESTON STREET. BA		05444
A				05119		ERTIFICATE OF DEATH		05111
	deoth.			CEASED-NAME First $Cathe$	rine A.	lost Masters	20. DATE OF DEATH ApriMonth 1500Y	1989 4:30
	after after)	3. SE	Female	4. RACE White	S. DATE OF BIRTH July 28,1	last highday)	IF UNDER 1 YEAR IF UNDER 24 ARS. AONTHS DAYS HOURS MIN.
	hours in b ers. P P		7o. B	IRTHPLACE (State or foreign try) CapeBritton	b. CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore C	County
	vithin 24 ho on papers. within 72 ho	00	10. C	TY OR TOWN OF DEATH Cand	ada 11. NAME OF HOSPITAL OR INS	TITUTION (If nat in haspital 12o. U	JSUAL OCCUPATION (Kind of work done g most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Hotel
	ecuted within completely fore corbon y event, with	03	admi	ssion) STATE Md	lived, if institution: Residence before 13b. COUNTY Raltimore	13c. CITY OR TOWN 13d. INSIDE C Catonsvill ॐS□	ITY LIMITS? 13e. STREET AND NUMBER NO 29 Darrow D	rive
T	and comp	1	14. F	ATHER'S NAME First	Middle Last Mombourquette	1S. MOTHER'S MAIDEN NAM	ne First Middle	Lost
(e death certific de b attending physician sermit. Then please on, or remaval, and i		16o. Yo	WAS DECEASED EVER IN U.S. ARME		IO. 17. INFORMANT	29 Darrow DAddeste hine I. McAlliste	- 21228.
	oding ph t. Then remay			18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per line for (o), (b), and (c). BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	the death the attendi sit permit. nation, or r			4122 Canditians, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	Congestine	Lear Pailure	10 dues
	quires that the death certificate be exemply physicion. signed by the attending physician and a burial-transit permit. Then please remo burial, cremation, or remaval, and in ony			rise ta immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	arker CUD	,	20 years
	requirent physen signer purice		z	16.	itions CONTRIBUTING TO DEATH BUT NO	or related to the terminal disease		
	G PHYSICIAN: The low re the hospital or attending r this certificate has been detoched for use os the te Dept. af Heolth prior to	X	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
	pital or rrificate d for u		MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, natify medical examine	HOUR A.M. Manth Day Year		Enter nature af injury in Part 1 ar Part 2, It	em 18.)
	b PHYS the host this certain detoche e Dept.			nt work of work	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			Caunty State
	by be Sta			220. I certify that (I) (this sow the deceased ali	hospitol) attended the deceose ve on (hospital) (I) (we) (did) (did not) view the	ed from 21, 1 969, and thot in (my) (our) body ofter deoth.	944, to April 15, 19 opinion deoth occurred on the dot	e ond hour ond from the
	OR ATTENT be retained DIRECTOR: A je 3 should led with the	1		226. SIGNATURE Rec	uara Gaffer	DEGREE ATTENDING PHYS.	MED. STAFF 22c. D.	ATE SIGNED 69
	SPITAL 4 may VERAL I for, poc			22d. PHYSICIAN'S NAME (Type)	000		nest Pencleve	,
	TO HOSPI Poge 4 n TO FUNER director,				il-17.1969-Loud	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) ery - Baltimore	(Caunty) (State)
	VR A15 30M REV.	(4)	24.	FUNERAL DIRECTOR	Edmondson Ave.	2So. REC	1 7 1969 Liliania	IGNATURE
1		183	<u></u>	Cato	nsville, Md. 21228	1 POT I	1 1303 1	1

SEETS LANGE SECTION OF

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth (Type ar Print) ESTI-JOHN Page MATOSKA DEATH MATED O. delay and 3 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH De ne certificate, writing the ward "pendyfig" in pencil in Item 18. Give Pages 1, should be farwarded ta the Chief Medical Examiner's Office along with farm WIDOWED DIVORCED [Give Pages State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) **INDUSTRY** the DUNDALK BUS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ALTO 13b. COUNTY DUNDALR YES NO I YORK WAY 24 hours land 2 in Item 1 after Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME pages haurs 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS pencil (Yes, na, ar unknown) 216-01-1332 ABOVE MARIE APPROXIMATE INTERVAL .5 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION nsed 19g. DATE OF QPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, Б 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County State City or Town factory, affice building, etc.) WHILE AT WORK AT WORK burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my apinion director. Accident Suicide death resulted from: Noturol couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER 5 may be reta
TO FUNERAL DII
Health priar t ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, ar cauncy NAME (Type) 23a. BURIAL, CREMATION DATE 23d. LOCATION (City or Town) (Caunty) (State) CEM. RALTO 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR ATSME OF 50 NS Williams a Verson 10M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

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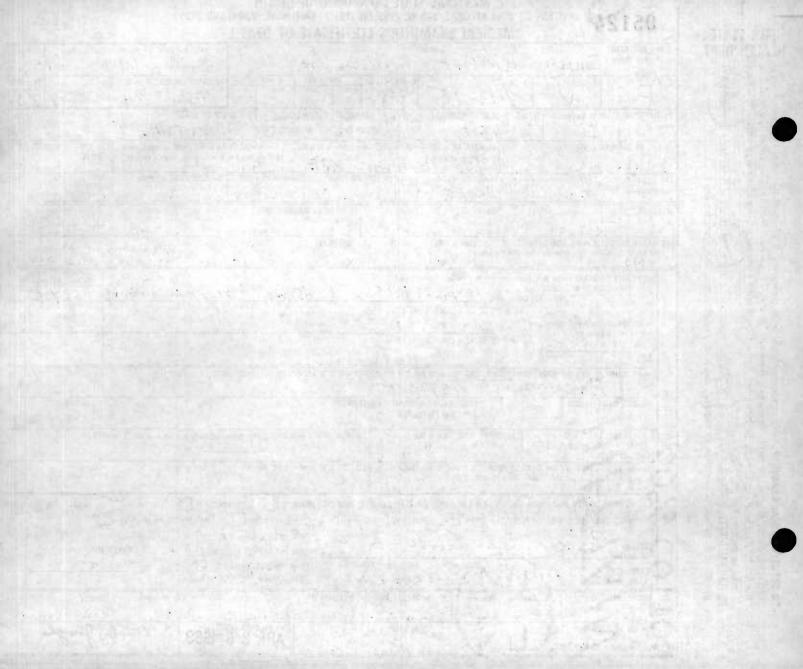
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0511 05122 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR death. PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Steign and completely filled in by the funeral places remove carbon popers. Pages I and , and in any event. within 72 hours after death (Type or print) 6.30P Gertrude McFee April Mooney IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 4. RACE 3 SEX DAYS last birthday) MONTHS 12-25-1804 Female White 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED [Baltimore U.S.A. Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY St. Joseph Hospital Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER any event, 13b. COUNTY Baltimore 16 Aigburth Rd.,-21204 YES NO X Maryland Towson 14 FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Middle Mary O'Leary James J. Mooney 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Janet Galvin Address Yes, na, ar unknown) (If yes give war or dates of service) 300 Cedercroft Rd. 12 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Congestive Heart Failure 5 IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Cor Pulmonale buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause be retained by the hospitol or ottending physician. last. Pulmonary Emphysema PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO-YES 🗍 far use (Health p 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County director, page 3 should be detache should be filed with the Stote Dept. While Nat while at wark 3/31/ , 169 , ta_ 22a. I **certify** that (1) (this haspital) attended the deceased fram , that (I) (we) last , and that in (my) (gur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR **ATTENDING** Виси Jualle et 4-5-69 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) Gualberto Gokim Jr. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23g. BURIAL CREMATION. REMOVAL (Specify) 4/9/69 Balto. Cathedral Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd. 21212 VR A15 (4) 30M REV. 1 68

1/1	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		
05123		ERTIFICATE OF DEATH		05115
Date of print of the print of t	Middle B •	Last MILLER	2a. DATE OF DEATH Manth April 5.	Yegr 2b. HOUR M
3. SEX #male 70. BIRTHPLACE (State or foreign country) Maryland 10. CITY OR TOWN OF DEATH Baltimore	4. RACE caucasian	S. DATE OF BIRTH Feb. 25. 1	876. 6. AGE (In years last birthday) 93 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
70. BIRTHPLACE (State or foreign country) Maryland	b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Balti	more, Md.
10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL OR INS give street address) 1319 Highla	TITUTION (If not in hospital during he t	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) Engineer PRR	12b. KIND OF BUSINESS OR INDUSTRY
3 (SUSUAL RESIDENCE (Where deceased admission) STATE Md.	lived, if institution: Residence before	13C. CITT OK TOWN 13d. INSIDE UT	Y LIMITS? 13e. STREET AND NUMBER 1319 Highland	Drive
14. FATHER'S NAME First William	Middle Lost E. Miller	IS. MOTHER'S MAIDEN NAME	First Middle Sarepta	Gore
16a. WAS DECEASED EVER IN U.S. ARMED Yes, no, ar unknawn) (If yes give war	or dates of service) I6b. SOCIAL SECURITY N A -123239	0. 17. INFORMANT Mrs. Dorothy	Address R. Capparelli	(Same)
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove nise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDI		gartoe	PECONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19		nter noture of injury in Port I ar Part 2, I	,
While Nat while at work	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			County State
22a. I certify that (I) (this saw the deceased aliv causes stated above.	haspital) attended the decease re an1' (1) (we) (did) (did nat) view the b	ed fram, 19 9 <u>69</u> , and that in (my) (our) coady after deoth.	ppinion death accurred an the da	te and haur and fram the
22b. SIGNATURE	us Britsas	DEGREE PHYS.		DATE SIGNED 4/5/69
23a. BURIAL, (REMATION, REMOVAL (Specify)		TEMETERY OR CREMATORY d Baptist Cometer	23d. LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR	, Inc Balto, Md	2Sa. REC'I	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05125 05117 CERTIFICATE OF DEATH WHY STATE Middle DECEASED-NAME tust 2a. DATE OF DEATH death. eath. (Type or print) JAMES PERKINS Mpath Year 691 MILLER PP9 4. RACE 6. AGE (In years last birthday) 3. SFX S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. CAU MALE within 24 haurs 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTRYLAND and completely filled in the attending physician aim sumpromers, rethin 70 h BALTIMORE CO. WIDDWED T DIVDRCED [burial, crematian, ar remaval, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF OEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.)

TRUCK PRIVER GBMC oddes 01 **INDUSTRY** N. CHARLES BOWSON. MD. FREIGH 130. USUAL RESIDENCE (Where deceased lived/ if institution: Residence before 13e. STREET AND NUMBER 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? executed admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last The law requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknown) MARGARET 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY FAILURE 1 MONTH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) BRAIN METASTASIS OF LUNG CANCER 16 MONTHS burial-transit rise to immediate cause (o), signed by OUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar tall. 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City or Town Caunty While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from \$\frac{1}{2} \tag{3-08}\$
saw the deceased alive on \$\frac{1}{2} \tag{9-69}\$ 19 69 to 4-09 _, and that in (my) (aur) opinian death occurred on the date and have and fram the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS 6701 B.R. CHOI NAME (Type) CHARLES STREET 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (State) (County) REMOVAL (Specify) ARR. 12, 1969 MEADOWRIDGE CEMETERY 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) FUN'L HOME PRATT+STRICKER STS. Williamles Under 1969

1	MARYLAND STATE DEPARTMENT OF HEALTH	
	05126 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	05118
3. 3.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Robert John Miller Sr. April 12 196	Yeor 2b. HOUR
3.	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Fundamental Section 1997	O M UER I YEAR IF UNDER 24 HRS IS DAYS HOURS MIN.
	Male White Sept. 7 1914 54 YRS.	
	76. BIRTHPLACE (Stote or foreign country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	Balto Md. U.S.A. WIDOWED DIVORCED Baltimore 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	Md.
1	give street oddress) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b. KIND OF BUSINESS OR DUSTRY
13	Parkville 3013 Woodside Ave Meat Cutter 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before deceosed lived, if institution: Residence before list. CITY OR TOWN STATE NO STATE N	A&P
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Frederick H. C. Miller Minnie Spielman	2031
T	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	ide Ave.
-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TNANITION	2 MONTHS
	1.53 % DUE TO, OR AS A CONSEQUENCE OF	-4
	Conditions, if ony, which gove rise to immediate couse (a), (b) ABDOMINAL CARCINOMATOSIS	5 MONTHS
	stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) COLON CARCINO in a	1-12-Months
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
100	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2. Item.)	ERED IN CERTIFYING
100	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1	18.)
3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19 21d INITIAL OCCUPRED 121e PLACE OF INITIAL AND THE FARM STREET, FACTORY 121E LOCATION Street of P.F.D. No. 6 (by or Town)	
1	21d. INJURY OCCURRED While Of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Complete Of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Complete Of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.	unty Stote
	220. I certify that (I) (this hospital) attended the deceased from NOV 4, 1968, to April 9, 1966, saw the deceased alive an 1969, and that in (my) (aur) opinion death occurred on the dote of	, that (I) (we) lost
	saw the deceased alive an	na nour ond trom the
1	22b. SIGNATURE 22c. DATE	SIGNED
	Michiell R. Francisco Degree Phys. Director Phys. Phys.	13 1969
	22d. PHYSICIAN'S NAME (Type) MICHIZEL K. FINEGOIN 22e. ADDRESS. W. MONUMENT	St. 21201
2	PEMOVAL (Specify)	unty) (Stote)
-		ATHRE
1	24. FUNERAL DIRECTOR HT 7401 BELOW Rd. 250, RECD BY REGISTRAR 256. REGISTRAR'S SIGN/	Judge.
L	Unit 1	4

DIRECTOR

111076

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) oftended the deceased fram APPI 3, 1969, to APPI 25, 1969, that (I) (we) last saw the deceased alive on APPI 21, 1969, and thot in (my) (our) opinion death occurred on the date and hour and fram the

22d. PHYSICIAN'S

causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE

DEGREE

22e. ADDRESS

STAFF PHYS.

22c. DATE SIGNED

(County)

Stote

(Stote)

24 haurs after death

within

executed

requires that the death certificate be

campletely filled in by the

attending physician and campletely formit. Then please remove carban

signed by the burial-transit p

TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta

TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or

burial, crematian, or removal, and in any event,

23o. BURIAL CREMATION. 23b. DATE

(If either, notify medical examiner)

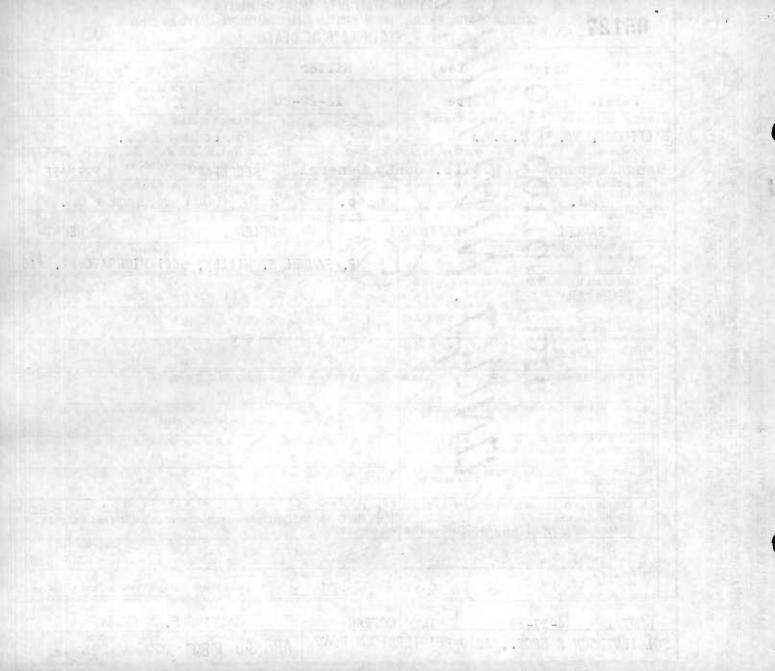
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) BALTIMORE, MARYLAND

COUNTY

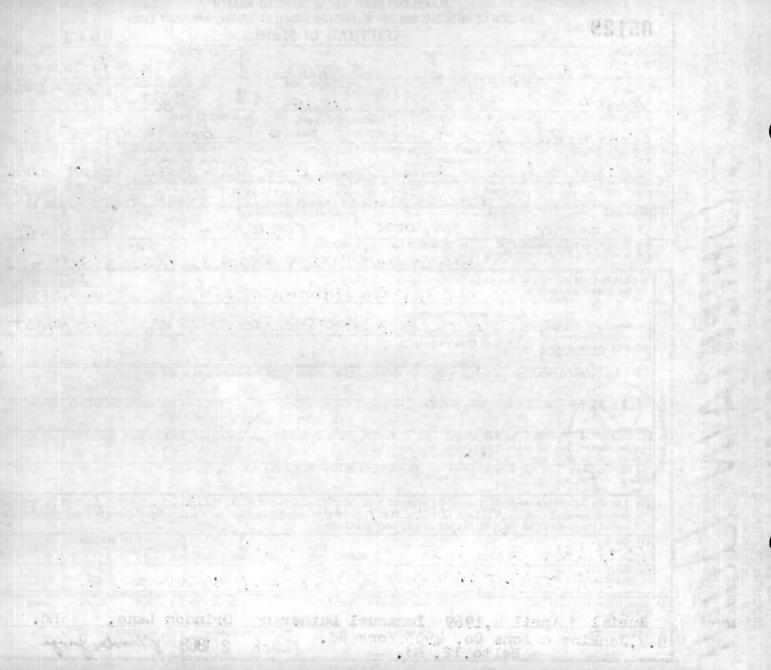
MIKRO KODESH

& BROS., 6010 RETSTERSTOWN ROAD 25b REGISTRAR'S SIGNATURE



	1		DIVISION OF WE		STATE DEPART			
× I		05128	DIVISION OF VI		ERTIFICATE OF		IORE, MARYLAND 21201	05120
leoth.		ECEASED NAME First Type or print)		Middle H. M	Lost ILLER		20. DATE OF DEATH PR Month Do	y 1969 2b. HOUR
after a	3. S		4. RACE		S. DATE OF	BIRTH 18, 19	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
haurs in b		BIRTHPLACE (Stote or foreign nitry)	7b. CITIZEN OF WHAT		8. MARRIED NEVER M		COUNTY OF DEATH BALTO.	
ate be executed within 24 hau can ond completely filled in by ease remove corbon papers.	10.	CITY OR TOWN OF DEATH	II. NAME give stree	OF HOSPITAL OR INSTI			OCCUPATION (Kind of work done to f working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
be executed within ond completely fire remove corbon in ony event, with	13o. odm	USUAL RESIDENCE (Where deceo ission) STATE MD.	sed lived, if institution:	Residence before	ISC. CITY OR TOWN ESSEX	33d. INSIDE CITY LIMIT YES NO	13e. STREET AND NUMBER	
be exe		FATHER'S NAME First WM, H:	Middle NIXLE	lost R SR	IS. MOTHER'S	MAIDEN NAME Firs	Middle Middle	Lost
physican physican ner please grad, and i	160	was deceased ever IN U.S. AR		b. SOCIAL SECURITY NO 215-16-76		MILLE	Address F BOU	
of the deoth c the attending ssit permit.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI Conditions, if dny, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	D BY: ATE CAUSE (o) DUE TO, OR AS A (c)	CONSEQUENCE OF	RELATED TO THE TERMIN	7 Th	MOITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL GETWEN ONST, AND DEATH
Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creasing the state of the	CERTIFICATION		CONDITION FOR WHICH			TOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
SICIAN: spitol or srtificote ed for us	MEDICAL CER	21o. ACCIDENT WAS UNDERLYII ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, notify medicol exom	th HOUR A.M. N	Nonth Doy Yeor			oture of injury in Port 1 or Port 2,	
G PHY: the horr this ce detoch te Dept	2	THE PART OF THE PA	PLACE OF INJURY (AT I				City or Town	County Stote
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d w d		22b. SIGNATURE 22d. PHYSICIAN'S	1 h/6	aclea	DEGREE PHYS.	DING MED		DATE/SIGNED
TO HOSPITAL (Page 4 moy b TO FUNERAL D director, page should be file	230	NAME (Type) A. LE	WIS KOL	23c NAME OF CE	METERY OR CREMATORY	825 6	astern Blu 23d. LOCATION (City or Town)	0 - 2 2 2] (County) (Stote)
2 2		REMOVAL (Specify)	4/1.4/69	5ARDE	NS OF F	AITH	BALTO	MD.
30M REV () 8	24.	FUNERAL DIRECTOR	LY 50N	ADDRESS 300	MACE	250. RECD BY	REGISTRAR 2Sb. REGISTRAR	GNANK

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05129 CERTIFICATE OF DEATH 05121 Middle 1 DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR 24 hours after death (Type ar print) Year 69 Month Doy 7 URG MAN S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR last birthday) OAYS HOURS 0-15- 88 9. COUNTY OF DEATH 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTI DIVORCED S WIDOWED [signed by the ottending physician and completer filled burial-transit permit. Then please remove carbon edpe 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR law requires that the deoth certificate be executed within give street oddress) during most of working life, even if retired.) INDUSTRY NWSAN HOUSE WIFE DUVIN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR FOWN 13e. STREET AND NUMBER. 13b. COUNTY. NO 251-A and in ony 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle 1ast SNYDER BENJAMIN ELIZABETH 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) 218-54-0941 or removal, MISS R. IRMA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) EREBRAL IHROMBOSIS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, cremotion, DUE TO, OR AS A CONSEQUENCE OF CALPRIERIOSCLEROSIS Canditions, if ony, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF the hospitol or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? NO A YES 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. State 21e. PLACE OF INJURY City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed fram 1967, and that in (my) (par) opinion death accurred an the date and hour and from the Poge 4 moy be retained by causes stoted above, (1) (xe) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) AVENIYOOD director, should 23a. BURIAL, CREMATION, REMOVAL (Specify) Bur 18 23d. LOCATION (City ar Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE Grindon Lane, Md. Immanuel Lutheran & Sons Co. 49055 York Rd. Balto.12. Md. 2So. REC'D BY REGISTRAR 2Sb. 30M REV.



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MARYLAND STATE DEPARTMENT OF HEALTH

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in 2 illec pap hin	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If no		12o. USUAL OCC	UPATION (Kind of work done	12b. KINO OF BUSINESS OR	{
icose be executed within 24 haurs after death. strion and completely filled in by the funeral please remave carban papers. Pages I and 2 I, and in any event, within 72 haurs after death.	A	neslie, Balto,	give street oddress) Armacos	st Nursi	ng Home	during most of	working life, even if retired.)	INDUSTRY	
omplete	130.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence befor	e 13c. CITY OR			13e. STREET AND NUMBER		
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physician and on physician and on please remo		WAS OECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURIT		NFORMANT		Address		
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rasp cer chec pt. c	WE	21d INITIRY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LC	CATION Street or	R.F.O. No.	City or Town	County Stat	re
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AL Dogge		22d. PHYSICIAN'S			22e. ADDRESS			1	
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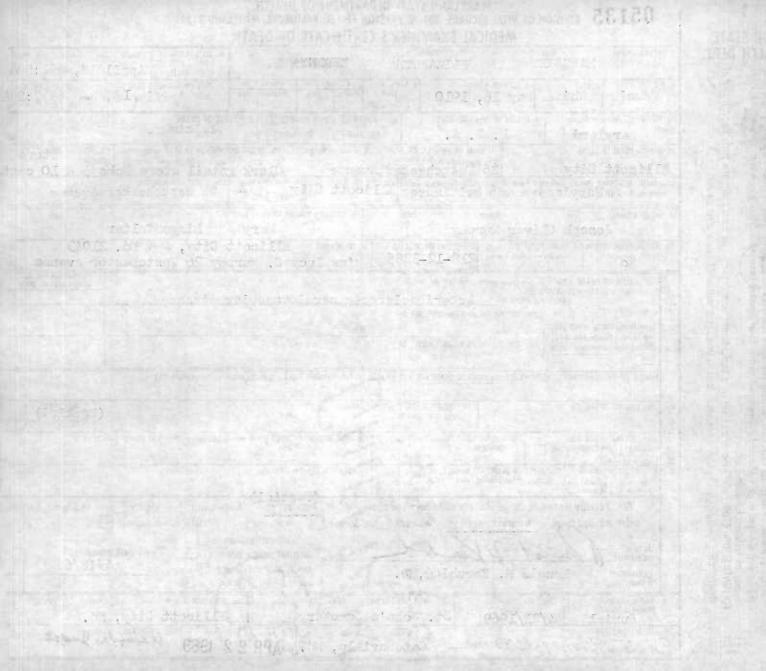
MARYLAND STATE DEPARTMENT OF HEALTH 05126 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. DECEASED-NAME Middle 20. DATE KNOWN Month Doy 2b. HOUR (Type or Print) ESTIany delay is 2, and 3 to PM3. Page 0 DEATH MATED 4 30 196910:202 EDWARD CHARLES artment 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH 2d. HOUR (ast birthday) Doy Jan 20 1951 1969 10:20 White YRS Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDY 9. COUNTY OF DEATH should be farwarded to the Chief Medical Examiner's Office along with farm country) Md WIDOWED | USA DIVORCED [State Balto. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND DF BUSINESS OR during most of working life, even if retired.) give street oddress) land 2 with the Parkville Garage 2713 Alden Rd.

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Auto 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. odmission) STATE 13b. COUNTY YES NO Balto. after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME thin 24 He CHARLES H. MURPHY CHARLOTTE CLARK pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no, or unknown) be executed withi (If yes give war or dates of service) 216-56-4685 Family records File APPROXIMATE INTERVAL any event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carbon monoxide intoxication DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO pe a 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY TOOR CONTRIBUTING HOUR A.M. burial, crematian, 21e. PLACE OF INJURY (At home, form, street, foctory office building cars) CAUSE OF DEATH Unknown 21f, LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County State foctory, office building, etc.) WHILE AT WORK AT WORK Parkville 2713 Alden Rd. Balto. Md. 220. I certify that I took charge of the remains described above, held an Autopsy XX Inspection . Inquiry ond in my opinion Undetermined manner XX deoth resulted from: Accident . Suicide . Natural lauses. Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4/30/69 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Edward F. Wilson, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 5/3/69 Dulaney Valley Balto Md. 60 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1969 Charles & VR A15ME & SON 8802 Harford road C.F. EVANS 10M REV.

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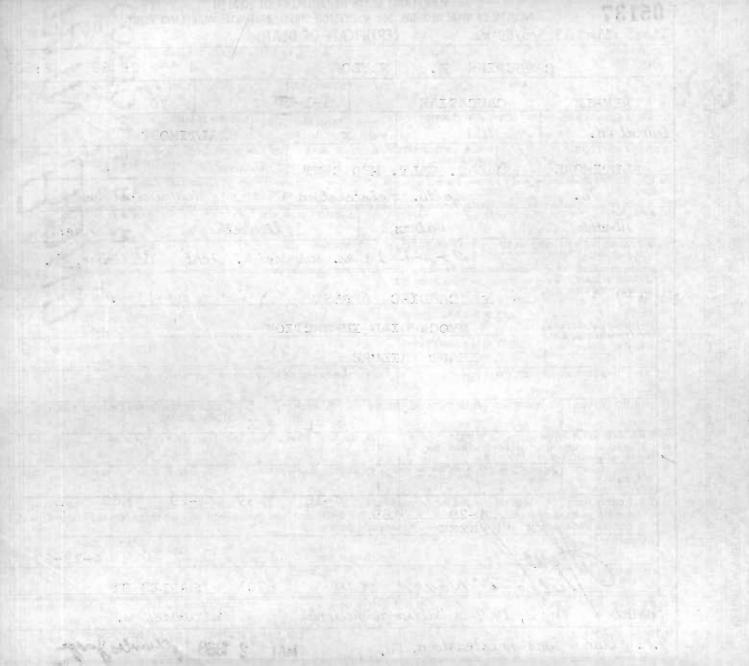
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2 1	MARYLAND STATE DEPARTMENT OF HEALTH O5135 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15127
HEALTH DEPT.	1. DECEASED-NAME First Middle last 20. DATE KNOWN Month C (Type or Print) MARGARET ELIZABETH MURPHY THE OF ESTI-	Doy Year 2b. HOUR
ay is 3 ta Page ent af	DEATH MATED APTII	10, 1909 : 20AM
y delay and 3 t	Female White May 16, 1910 S8 YRS. MONTHS DAYS HOURS MIN Month Aprilboy I8,	Year 69 7:204 M
dring P	76. CITIZEN OF WHAT COUNTRY? Country) Maryland 76. CITIZEN OF WHAT COUNTRY? U. S. A. WIDOWED DIVORCED Baltimore	Md.
death with with he Sta	Ellicott City 26 Westchester Avenue Clerk retail store Bob	2b. KIND OF BUSINESS OF NOUSTRY
hours after death them 18. Give Pages T. Office along with farm after death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland 13b. COUNTY Baltimore Ellicott City (Where deceased lived, if institution: Residence before Ellicott City (STATE Maryland) 13b. COUNTY Baltimore	Avenue
thing 24 hours after death any delay is acid in them 18. Give Pages T. Z. and 3 to any fire along with farm PM3. Page pages 1 and 2 with the State Department of hours after death.	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Joseph Cliver Murphy Mary Lingenfelter	
pageil in aminer's e pages 2 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ocunknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Ellicott City, ADDRESS Md. 218-12-3285 Miss Lucy E. Murphy 26 Westchest	21043 er Avenue
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pagainin shauld be forwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages nation, or remayal, and in any event within 72 haurs	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), storting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
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TO DEPUTY DICAL EXAMIN necessary, please execute the the funeral directar. Page 4 st S may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health prior ta burial, crema	death resulted freen: Notural couses x, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SI	
10 To # 20 U	REMOVAL (Specify) Burial 4/21/1969 St. John's Cemetery Ellicott City, 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SM	
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5	Item8 FilmG412 5/6/69 kk CERTIFICATE OF DEATH	
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executed vithin d completely finance carbon pany event, with	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before deceased lived, if institution: Residence before list. CITY OR TOWN list. Indicate limits? No. 13b. COUNTY Balto. Reisterstown YES NO. 13b. COUNTY Balto.	
D Le lo	4. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle La Abnahan Waterz Elizabeth Strett	st
ertificote b physician en please avol, and i	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, My or unknown) (If yes give war or dates of service) 213-36-1283 Mrs. Margaret W. Licht Baltimore, Md.	
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L OR A L OR A be ret DIRECT DIRECT Lied with	22b. SIGNATURE DEGREE ATTENDING MED. STAFF PHYS. DEGREE PHYS. DIRECTOR PHYS. 12c. DATE SIGNED 4-29-6 22e. ADDRESS	9
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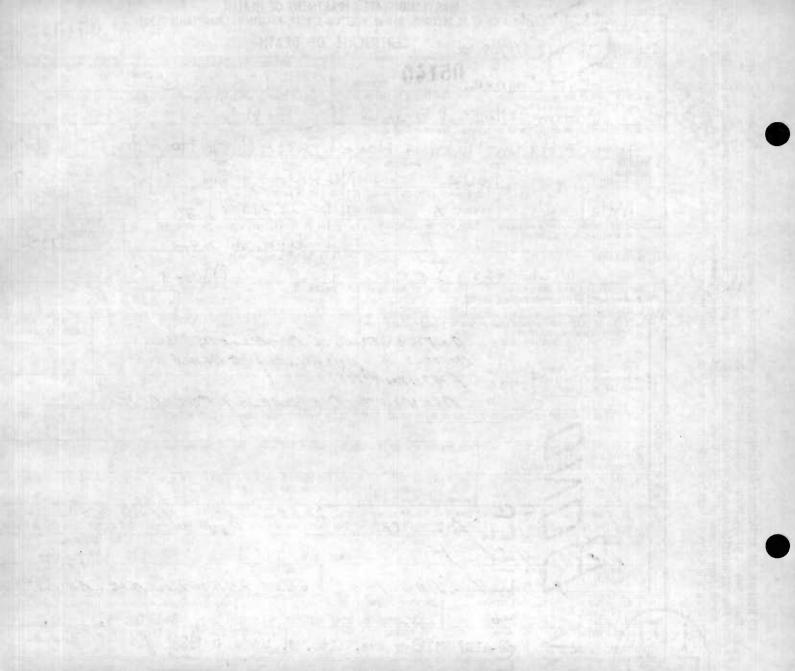
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05131 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 20. DATE OF DEATH and 2 death. 24 haurs after death funeral (Type or print) Month Mildred Gertrude 4 RACE Pages 1 3. SEX S DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthday) HOURS haurs off White Female 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) papers/ .⊆ USA Raltimore Maryland DIVORCED [WIDOWED crematian, or removal, and in any event, within 72 and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR be executed within INDUSTR'Own Home during most of working life, even if retired.) ease remave carban Monkton 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY Monkton 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Ellwood Fossett PHYSICIAN: The law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes na, ar unknown) (If yes give was or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT permit. muedial IMMEDIATE CAUSE (o) protec and over whe desine signed by the burial-transit p Conditions, if ony, which gove) rise ta immediate couse (o), DUE TO, OR AS/A/CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse lost. directar, page 3 shauld be detached far use as the burial-shauld be filed with the State Dept. of Health priar to burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO P welle 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Mone (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY State 21d. INJURY OCCURRED City or Town County While Not while MARKE 22a. I certify that (1) (this hospital) attended the deceased from. ta _1967_, and that in (my) (est) apinian death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION (County) BNOV M (Specify) James (emetery Sons. Towson, Maryland DATE APR 1

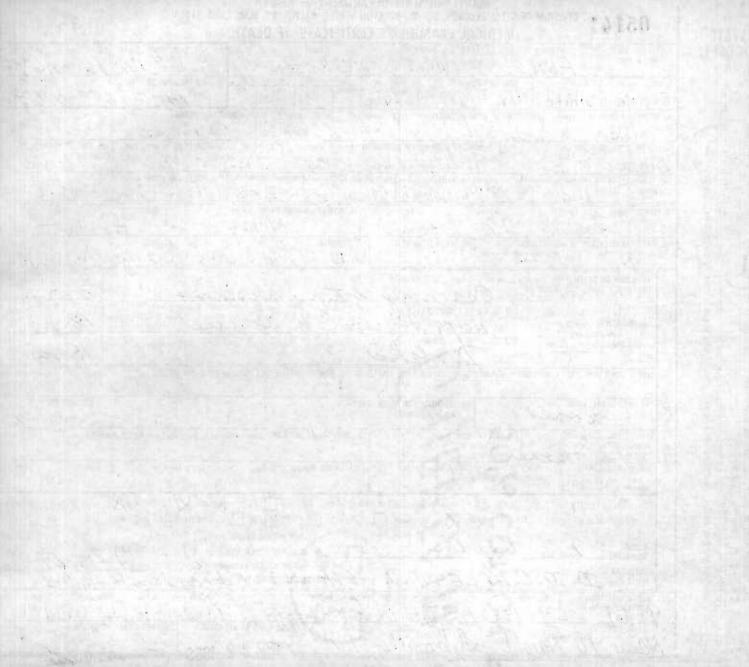
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	aurs		(atonsville 2 yrs paltimore	
	24 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddfess) d. STREET ADDRESS Forest Haven Nursing Home Balto. City Hospital	e. IS RESIDENCE ON A FARM? YES NO
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	TOR TOR Shau th th		220 SIGNATURE)	DATE SIGNED
	OR BEE		M.D. ATTENDING MED. STAFF PHYS.	1/20/10
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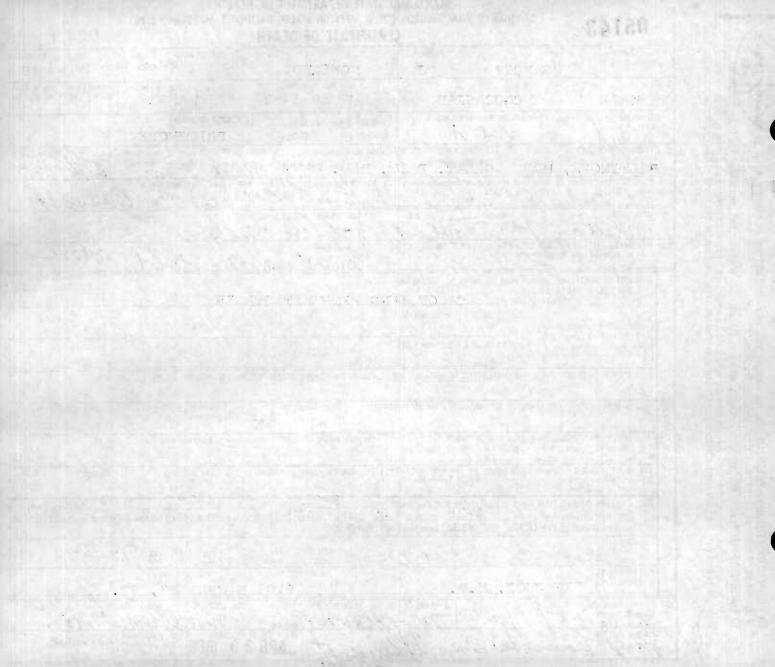
		MARYLAND STATE DEPARTMENT OF HEALTH	
		05141 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05122
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05133
HEALTH DEPT.	1. DI	ECEASED-NAME First Middle Last 2a. DATE KNOWN Manth D	Day Year 2b. HOUR
is ta af	(1	(ype ar Print) ANN M. Nickolson DEATH MATED ARR	16 1869 6 DM
Page 33	3. SE	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d. HQUR
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2, 2, Ph		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	107 0 11
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24 hours after death in Item 18. Give Pages 1, r's Office alang with form es 1 and 2 with the State be ars after death.	14. F.	ATHER'S NAME First Middle Last TS. MOTHER'S MAIDEN NAME First Middle	Last
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hin 24 mail in giner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OF PROPERTY OF THE	IM 11 AA I
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INER: e cert shaut files. 3 shau	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City at Tawn	County State
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olo oli orior		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
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TO DEPUTY SICAL EX. necessary, please execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Po Health prior to burial, c	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)
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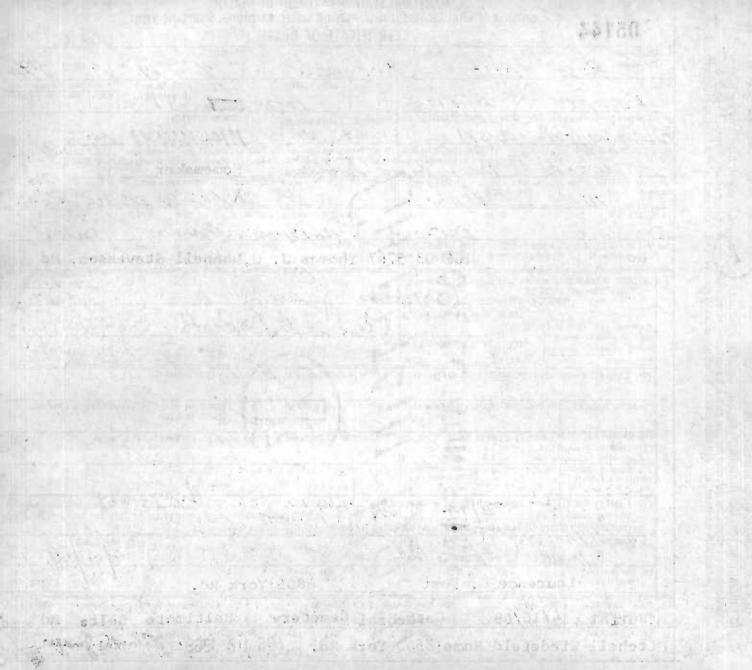
+	05142	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA CERTIFICATE OF DEATI	ALTIMORE, MARYLAND 21201	
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3.	Female	4. RACE Caucasian	5. DATE OF BIRTH	6. AGE (In yeors last bidday)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS OAYS HOURS MI
ca	BIRTHPLACE (Stote or foreign untry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore Cou	anty
5 1	CITY OR TOWN OF DEATH Randallstown	11. NAME OF HOSPITAL OR IN	Gen. Hosp.	SUAL OCCUPATION (Kind of work done most of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY HOME
adr	nission) STATE Md.	sed lived, if institution: Residence befare //3b. COUNTY	Baltimore Isd INSIDE CO	NO□ 13e. STREET AND NUMBER 7018 Park F	Hgts. Ave.
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	While Nat while at work 22a. I certify that (I) (the saw the deceased a causes stated obove 22b. SIGNATURE	is hospital) attended the decease	ed from	apinian death occurred on the do	69 that (I) (We Id
L		-14-69 BNAI		23d. LOCATION (City or Town) BALTIMORE, MAR	
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n	1				STATE DEPARTMENT OF H		
I		05143	DIVISION OF VI		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0.5
0					ERTIFICATE OF DEATH		05135
₹ = 5 €		ECEASED-NAME First Type or print)		Middle	Lost	2a. DATE OF DEATH	2b. HOUR
e e e		FR	ANCIS	J	NOWLAND	4 Month 28 Doy	59 Yeor 4P M
if the second se	3. S		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
by the Page		MALE	CAUCAS		10-14-24	lost birthday) 44 YRS.	MONTHS DATS HOOKS HIM
hau S. hou		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT	COUNTRY?	MAKKIED HEVER MAKKIED	9. COUNTY OF DEATH	
24 ad ii		ma.	N.d.	7.	WIDOWED DIVORCED	BALTIMORE	Md.
within 24 haurs sly filled in by the son papers. Pay		CITY OR TOWN OF DEATH	II. NAME	OF HOSPITAL OR INS	ITUTION (If not in hospitol 120. USUA F. MED. CENT	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ritely kind		BALTIMORE , M USUAL RESIDENCE (Where deceo	D GRE	AT. BAL		ruck Driver	Pallo City
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ate ician leas and	160	WAS DECEASED EVER IN U.S. AD	NED FORCES? 16	b. SOCIAL SECURITY N	O. 17. INFORMANT	Address	a tare
rtific ohys en p ival,		es, no, ar unknawn) (If yes gran	var ar dates of service)	/	no Clara	Nowland	avore
ng p The		18. CAUSE OF DEATH (Enter or	ly ane couse per line f	or (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath andii ar re	15	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	CA OF L	ING WITH METASTA	ASIS	
atte perm an,		1621	DUE TO, OR AS A	CONSEQUENCE OF			
the sit parties		Conditions, if any, which gove rise to immediate couse (o),	(b)				
tho an. by fran		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF			
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The law re attending has been se as the th priar ta	CERTIFICATION	190. DATE OF OPERATION 190.	CONDITION FOR WHICH	OPEKATION WAS PEK		2Db. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ar a dr b b call b	CERTI	210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF IN.	IIIPY	YES NO NO	nature of injury in Port 1 ar Part 2, 1	tom 10 \
far far far far far	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. A	Month Doy Yeor	ZIC. HOW WOOK! OCCORRED (EINE)	nature of injury in roll 1 ar rail 2, i	iem 10.)
rent cent cent cent cent cent cent cent c	MED	(If either, notify medicol exomi 21d. INJURY OCCURRED 21e.	1017	HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Tawn	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be defached fear use as the burial-transit permit. The should be filed with the State Dept. af Health priar ta burial, crematian, ar rem		While Nat while of work	OFF	ICE BUILDING, ETC.			comy
by the free state		22a. I certify that (I) (th	is haspital) attend	ed the decease	from 3-21 , 19 6	69, to 4-28 , 19	69 , that (M) (we) last
END eed Jid he S		saw the deceased a causes stated abave				nion death accurred an the dat	te and hour and fram the
ATT To in the shape of the train the		22b. SIGNATURE	(Ar-(ma) (aid) (ait	and view me b	day difer death.	220	PATE SIGNED
JA W d w	١.	BIN	Cho	MI	DEGREE PHYS. DI	ED. STAFF 3 4:	2-8-69
AL AL Dougge		22d. PHYSICIAN'S	Crao!	, , ,	22e. ADDRESS	KECTOK — 71113. —	
PITAL I may ERAL C		NAME (Type) BIK	CHOI, M.	D.	6701	N CHARLES, ST.	المنابعين وتثار
O HOS Page 4 O FUN directo	23o.	BURIAL, CREMATION, 23b.		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City of Jown)	(County) (State)
5 5 5 2 X		REMOVAL (Specify)	1169	W.	odlava Pem.	Woodlawn	ma.
VR AID	24.	FUNERAL DIRECTOR	1 0	ADDRESS	2Sa. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
45M - 1/69	1	anny cowa	NO SOU GA	10- 550	eleros Sto. DATER.	3 0 1969 Villand	



			PEPARIMENT OF HEAL			
100	05144	DIVISION OF VITAL RECORDS, 301 W. PRE		E, MARYLAND 21201	ACTUAL DAYS	
			ATE OF DEATH		05136	
T'	DECEASED-NAME First (Type or print)	Middle		DATE OF OEATH Manth Day	69 Year 2b. HOUR	
3	SEX		NECL DATE OF BIRTH 18	8 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.	M
ľ	FEMALE	NHITE	12-11-	last hirthday)	MONTHS DAYS HOURS MIN	-
7	a. BIRTHPLACE (State ar fareign 75	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED		UNITY OF DEATH		-
	LIENTOWN, PA	USA WIDOWED		TOKKUSIAW F	Baltimore M	d.
Ti). CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If nat	in haspitol 120. USUAL OCC	你我我我想得你是有	12b. KIND OF BUSINESS OR INDUSTRY	
0	TOWSON	give street oddress DVANEY T	ST ROAD HO	memaker	INDUSTRI	
20	dmission) STATE in 10	lived, if institution: Residence before 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	1212 P	2
7 1	4. FATHER'S NAME First	Middle Lost 15. /	MOTHER'S MAIDEN NAME First	Middle	LOOK POAK	=
1	DENNIC	DUELEN G	-1415PIG.	ANNIE	DILLEN	1
1	60. WAS DECEASED EVER IN U.S. ARMED Yes, No grunknown) (If yes give wor o		FORMANT	Address	- 1/1	-
=	165, JAG GIRLIOWII)	or dates of service) 162 · 03 5767 Th	nomas J. O,Do	onnell Steve	enson, Md	_
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line for (a), b), ond (c).)	X		BETWEEN ONSET AND DEATH	_
	1714 IMMEDIATE	CAUSE (a)	- and	,		-
	Canditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	ourne De	ash		
	rise to immediate cause (o), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	and the fee			-
	lost.	(c)				
	PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO I	THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PERFORMED	20g. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING	_
2	19a. DATE OF OPERATION 19b. COI		YES NO P	CAUSES OF DEATH?		
		21b. TIME OF INJURY 21c. HOW	V INJURY OCCURRED (Enter notur	e af injury in Part 1 ar Part 2,	Item 18.)	_
	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)					
ľ	While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCA	ATION Street ar R.F.D. Na.	City or Town	Caunty State	
1	at wark ot work	hospital) attended the deceased from	MLIN 10 , 1968	to abril Ft. 19	69 , that (I) (we)-la	ct
1	saw the deceased alive	e on 4/7 1967 and	that In (my) (aux) apinion	death occurred an the do	ote and hour and from th	10
	causes stoted above, ((we) (did (did no)) view the bady after de	eath?	224	DATE SIGNED /	_
	Tanberes.	O. Tosh M.A. DEGREE	ATTENDING MED.	C STAFF C	415169	
	22d. PHYSICIAN'S		22e. ADDRESS		4-1-1	
		ence C. Post	6805 York			_
2	3a. BURIAL, CREMATION, 23b. DAT	16/69 23c. NAME OF CEMETERY OR CE	REMATORY 23d.	location (city or Town) Baltimore B	(County) (Stote)	
2	4. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REG		alto Md	_
		efeld Home 6500 York	Rd. DATE PR 18	1969 25b. RECISTRAR'S	les Judge	



any event, within 72 hours after death.		ECEASED-NAME First	Middle	CERTIFIC	ATE OF DEATH	20. DATE OF DEATH 25		2b. HOUR
		Type or print) David		'Donog	ghue	A Manth XX	Doy 6 gear	120
	3. S	Male	4. RACE White		S. DATE OF BIRTH	6. AGE (In years last birthday)		F UNDER 24 HRS. HOURS . MIN
	cau	BIRTHPLACE (Stote or fareign ptry). Baltimore	7b. CITIZEN OF WHAT COUNTRY? U.S.	WIDOWED [DIVORCED	9. COUNTY OF DEATH Baltimore C	ounty	M
)	Ra	city or town of DEATH andallstown	11. NAME OF HOSPITAL OR IN	Gen. Ho	ot in hospital 12a. USUAl during ma	L OCCUPATION (Kind of work do ist of working life, even if retired Carpenter	ne 12b. KIND OF BU INDUSTRY	ISINESS OR
3	13o. adm	USUAL RESIDENCE (Where deceosissian) STATE Md.	ed lived, if institution: Residence before	13c. CITY OR Balti	TOWN 13d. INSIDE CITY LIN	AITS? 13e. STREET AND NUMBER	y Rd.	
	14.	FATHER'S NAME First	Middle Last	15.	. MOTHER'S MAIDEN NAME Fit	rst Middle		Last
		C.	C. O Donoghue				arthen	
	160	. WAS DECEASED EVER IN U.S. ARN (es. no. or unknown) (If yes give w	NED FORCES? Or or dates of service) 16b. SOCIAL SECURITY 2 14 - 06 - 05	553 Do:	rothy M.O'D	onoghue -7407	Digby Rd.	
		PART I. DEATH WAS CAUSE	y ane cause per line for (a) (b)) and (c) by: TE CAUSE (a)		of contril	Lefonchin	APPROXIMAT BETWEEN ONSE	TE INTERVAL ET AND DEATH
	8	4109	DUE TO, OR AS A CONSEQUENCE OF	<i>j</i>	1	do	2	YEARS
		Canditians, if any, which gave) rise to immediate couse (o),	(b)	brens	y arreny	Messare	a /	CTIL
	12	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
		_	(c)	OT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		
	NOIL	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	DEUDWEU	20a. AUTOPSY?	20b. IF YES, WERE FINDING	CC CONCIDEDED IN CEDI	TIEVING
/	CERTIFICATION			ill oldlig	YES NO	CAUSES OF DEATH?	DS CONSIDERED IN CERT	1111110
1		21a. ACCIDENT WAS UNDERLYIN		21c. HO		noture of injury in Part 1 or Port	2, Item 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M. 1	9				
	W	21d. INJURY OCCURRED 21e. While Nat while ot work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LO	CATION Street or R.F.D. No.	City or Tawn	County	Stote
		sow the deceosed of		19, ond	that in (my) (our) opin	, to <u> </u>	19, that (I dote and hour on	l) (we) los id from th
		22b. SIGNATURE	, (I) (we) (did) (did not) view the	body offer d	eotn.	1 2	2e: DATE SIGNED	-
		Chr.	ght Sphows	DEGRE	EE PHYS. DI	ED. STAFF RECTOR PHYS. 19	4-25	5-69
1		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS			4
	23a	BURIAL, (REMATION, 23b. I		CEMETERY OR		23d. 10CATION (City or Town) Baltimore, Ma	(County)	(State)
		REMOVAL (Specify) Burial FUNERAL DIRECTOR	29-69 Lorrai		netery 2Sa. REC'D BY	Baltimore, Ma	AR'S SIGNATURE	
	14.	FUNERAL DIRECTOR	ADDKESS		ZOO. KELD BY	KEUISIKAK I ZSD. KEUISIKA	AK > MUNATURE	

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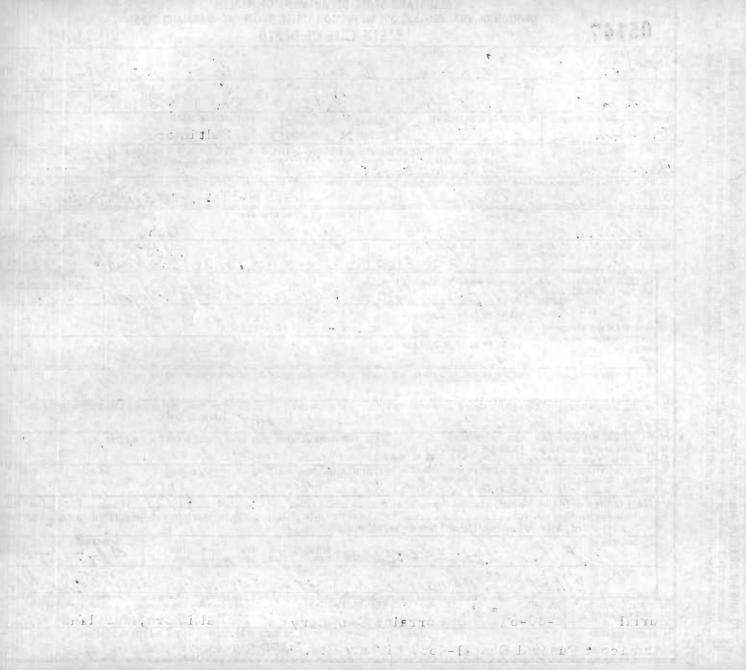
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	05146		, 301 W. PRESTON STREET, BALT. CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	0513	8
1.	4T 1 1	irst Middle	Lost	20. DATE OF DEATH		2b. HOUR
L		artin S.	Olson Sr.	Month	25 1969	
3.	Male Male	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN
70 co	BIRTHPLACE (Stote or foreign buntry) Baltimore	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore		Mo
10.	CITY OR TOWN OF DEATH Parkville	11. NAME OF HOSPITAL OR IN give street oddress) 810	ISTITUTION (If not in hospitol 120. USU) OO Harford Road during m	AL OCCUPATION (Kind of work dor	12b. KIND OF B	
13 od		ceosed lived, if institution: Residence before 13b. COUNTY Baltimore	13c. CITY OR TOWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUMBER 8569 Water		
14	FATHER'S NAME First Samue	Middle Lost L M. Olso	IS. MOTHER'S MAIDEN NAME F		T	Lost
16	O WAS DECEASED EVER IN U.S.		NO. 17. INFORMANT	Address Olson 8569 Water	r Wak Road	5
2	Conditions, if ony, which gorise to immediate couse (stating the underlying coulost. PART 2. OTHER SIGNIFICANT	o), (DUE TO OD AS A SOUSSOUTHER OF	Why had		29	n.
CEPTIELCATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS P	YES NO		1000	RTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy Yeor	19		t 2, Item 1B.)	
NA.	While Not while of work		ACTORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County	Stote
	saw the decease causes stated ab	(this haspital) attended the deceosed alive on ove, (I) (we) (did) (did nat) view the	sed from, 19 19 19 19 19 19 19 19 19 19 19 19 19 1	nion deoth occurred on the		(I) (we) las and from th
	22b. SIGNATURE	my	•	TED. STAFF PHYS.	22c. DATE SIGNED	9
		S. Elliott Harris		brd Road 21234		
	REMOVAL (Specify)	4-28-1969 More	cemetery or crematory land Park	23d. LOCATION (City or Town) Baltimore		(Stote)
24	Lassahn Funer:	al Home 7601 Belair	7 3 03000	Y REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE	

MAKTLAND STATE DEPARTMENT OF HEALTH

				AND STATE DEPARTMENT OF		
2		02414	DIVISION OF VITAL RECORD	OS, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
		05147		CERTIFICATE OF DEAT	H	05139
h. 72		ECEASED-NAME - First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
funeral funeral i I and let deeth	(Type or print Box Ha	Louise	Ortmon	Ari Month 2 5 Day	1969 11 A.M
of the state of th	3. S	* Famale	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthagy) YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
by Poours	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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ertificate be executed within 24 h. physician and completely filled in en please remave carban papers. oval, and in any event, within 72 h	10.	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF give street address)	RINSTITUTION (If not in hospital 120. Under the Market Suring	JSUAL OCCUPATION (Kind of work done g most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
t bely w		ISSIAI DESIDENCE (Where decores	d lived, if institution: Residence before	TOTE 13C. CITY OR TOWN 13d. INSIDE C	ITY LIMITS? 13e. STREET AND NUMBER	7/167
ecuted with completely ave carbar y event, wi	adm	issian) STATE	13b. EQUNTY	YES T	NO 1 + 105 # 340	Skimble Rt.
and cremin any	14.	ATHER'S NAME First	Middle Las	15. MOTHER'S MAIDEN NAM		C Lost
n al		William	127/4	morg	Gehb	XXXXX.
rtificate b physician en please oval, and i		(If yes give we	I as datas of social	17. INFORMANT / 8160 Mrs. Bortha	of rese Bottom	mble KL.
cert g pl Ther mov		18. CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and		1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
at the death cer the attending p nsit permit. The		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) #1 Error	ellecte Cardia	rascular deser	ai clea !
after erm an, c		4124	DUE TO, OR AS A CONSEQUENCE	OF		1
the state of the s		Canditians, if any, which gave	(b)	Ce		U
that in. by t ans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF 8		
sicio ed l al-tr		last.	(c)			
equires that the death physician. signed by the attendi burial-transit permit.		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
ing een the	3		Mar	u'		
end end s be as t as t	Z	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The The book of th	CERTIFICATION	4/21/69- +	x (R). (eg			
AN: of old icate far Hea		216. ACCIDENT WAS UNDERLYING TO CAUSE OF GEATH	HOUR AM Month Day	ear /	Enter nature of injury in Part 1 or Part 2,	Item 18.)
Spirit spirit ed ed ed of of	MEDICAL	(If either, natify medical examin			n DEQ -	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the attending physician and comple e 3 shauld be detached far use as the burial-transit permit. Then please remave can ead with the State Dept. of Health prior ta burial, crematian, or removal, and in any event	-	While - Not while -	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING ETC.	Remarkolds - 4105	ESSEX LOAD.	Caunty State
UDING d by th After d be d		22a. I certify that (1) (thi	s hospital) offended the dece		965, to 4/27, 19	68, that (I) (we) last
R: A		saw the deceased al	(I) (we) (did) (did not) view t	19 <u>69</u> , and that in (my) (our)	opinion death occurred on the do	ite and haur and from the
ATTA ATT		22b. SIGNATURE	(1) (1) (2)		22c.	DATE SIGNED
OR De red w		9/4/16	Sullerwood	CLO DEGREE PHYS.	MED. DIRECTOR PHYS.	7/27/60
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs in Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pageshauld be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, within 72 hours		22d. PHYSICIAN'S NAME (Type) E//, B	+ MENKOW,	22e. ADDRESS	Enchanted Hills K	Darug Hills.
LOSI UNE Sector	230	BURIAL, CREMATION, 23b. C	ATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Pag direction	B	DEMONIAL IC. II)		aine Cemetery	Baltimore, Ma	
VR A15V4		FUNERAL DIRECTOR	ADDR	ESS 2So. REC	'D BY REGISTRAR 25b. REGISTRAR'S	
30M REV	1	Armacost Fune	ral Chapel-4600	Liberty Hts.	R 30 1969 MCRessal	by Jugar :



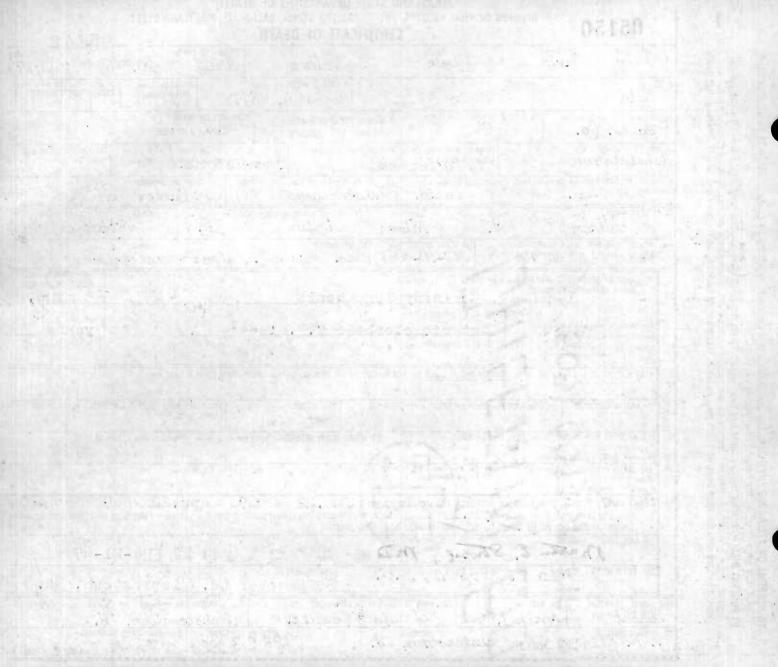
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2	14/14/69 kk PRESTON STREE CERTIFICATE OF DI	EATH 05140
ب م ج	1. DECEASED-NAME First Middle Lost	2o. DATE OF DEATH 2b. HOUR
er death. funeral 1 and 2 er death.	(Type or print) Temple Temple Mae Osburn	Month Day Year 6.30A, M
fun 1	3. SEX [4. RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
within 24 haurs after death	Female Cau 3/30	0/75 last Birthday) YRS. MONTHS DAYS HOURS MIN
aur.	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH
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within 2 bon page within 2 within	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY
Mith Sold with	woodlawn 126 Woodlawn Ave	Hromemaker Own Home
completely with yevent, with yevent, with	admission) STATE 13h COUNTY	INSIDE CITY LIMITS? 13e. STREET AND NUMBER 11/2 Northeast Sampe / 48 / #/1/2 26th
oxecution of contract of contr	FIOTICA Md Dade Balt Woodlewn 11. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDE	
and cd		ginia Edwards
rian cian ease and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	Address
equires that the death certificate be physician. signed by the attending physician a burial-transit permit. Then please burial, crematian, ar removal, and in	Yes no, or unknown) (If yes give war or dates of service) Anna Lee	Muhn 138 NE 26th St Miami, Fla
The property of the property o	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce attending p permit. The	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Tangararial Dacom	peneation 2 mo.
ne death attendi permit. ian, ar ri	4409 DUE TO, OR AS A CONSEQUENCE OF	
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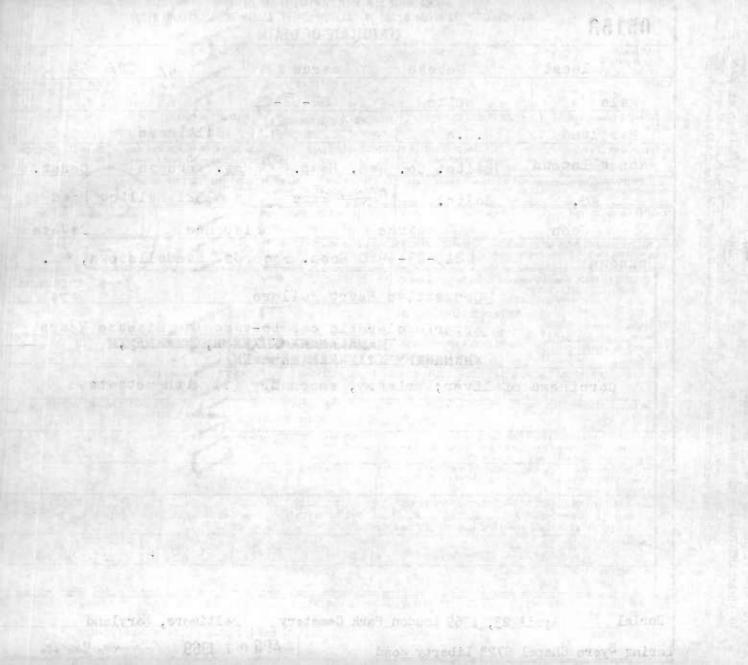
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		22b. SIGNATURE AS		Store		DEGRE		MED. DIRECTOR	STAFF PHYS. D	21-69	
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	B	REMOVAL (Specify)	b. DATE prili	23,69	All.		emetery	9	OCATION (City or Town) Reisterstown.	(County) Md.	(Stote)
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	7a. B	IRTHPLACE (State or foreign try) MARYLAND	b. CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED X		F DEATH		
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1	3a. admi:	USUAL RESIDENCE (Where deceased scion) STATE MARYLAND	lived, if institution: Resider 136. COUNTY	nce befare 13c. CITY	THORE 13d. INSID	E CITY LIMITS? 13e. S	TREET AND NUMBER 23 EUTAW S.	TREET	210
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		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line far (o), (b), and (c).)				APPROXIMATE II BETWEEN ONSET A	NTERVAL
I		4109 IMMEDIATE	CAUSE (a)	ARDIAL IN					
ı		Conditions, if ghy, which gave rise to immediate cause (a),	DUE TO, OR AS A CONSE		TIC HEART I	ISEASE			
		stating the underlying cause last.	Than minner	MONARY EMP	HYSEMA				
1		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DISEAS	E ORCONDITION GIV	EN IN PART I(a)		
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ı		22b. SIGNATURE		mo DE		MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED 4/1/69	
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		22g PHYSICIAN'S NAME (Type) J. D. BURIAL, CREMATION, 23b. DA	TALBERT, M.			ital, For	t Howard,	Md.	

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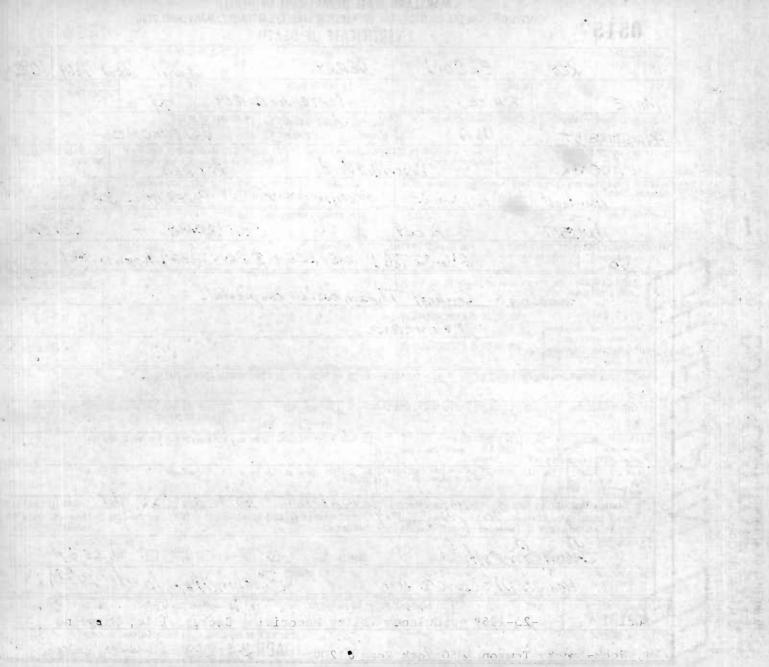
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	Item10 FilmG411	,	CERTIFICATE OF D	DEATH		0514	47
death.	1. DECEASED-NAME Firs (Type or print)	Mary L. Peddicord	Last		TE OF DEATH 3/69 Manth Doy	Yeor	2b. HOUR
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4 hours	7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	ILU []	Y OF DEATH		
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be execute and camp e remave in any eve	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIL	DEN NAME First	Middle	21.00	Lost
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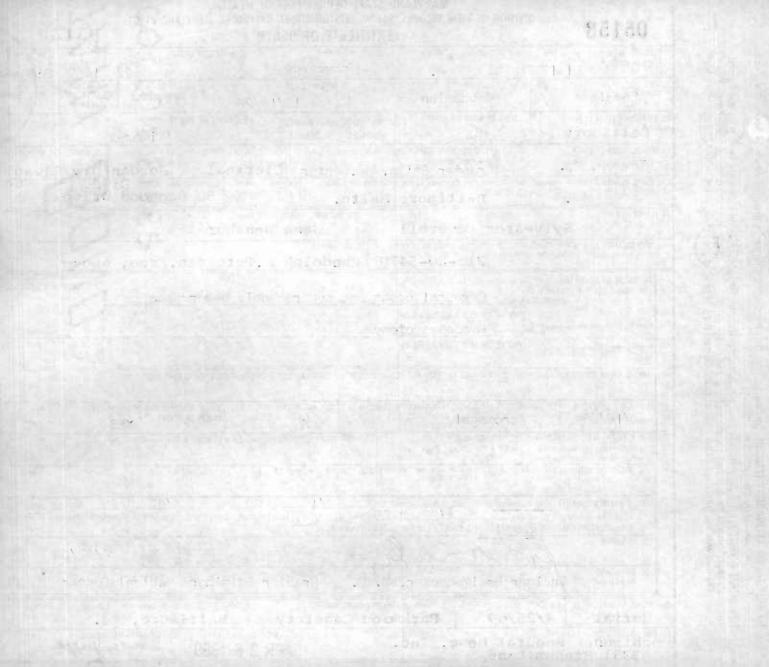
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05153 05150 CERTIFICATE OF DEATH in by the funeral examples 1 and 2 2 hayrs after death. 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HOUR rs after death. (Type or print) Manth WINIFRED PETERSEN 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Female Caucasian last birthday) OAYS HOURS 12/10/26 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryBaltimore WIDOWED | DIVORCED [Baltimore within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired.)
Clerical Jorda Towson. Md. Greater Balto. Med. Center Jordan Dry Cleani 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 21220 13d. INSIDE CITY LIMITS? 13b. COUNTY Baltimore Balto. YES NO X 50 Dogwood Drive Md. 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Middle Last Sylvester Deverell Jane Donahur physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dales of service) 216-20-5470 Yes, na. ar unknawn) Randolph A. Petersen, son, above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) Cerebral edema and subarachnoid hemorrhage 10 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Hypophysectomy rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law Page 4 may be retained by the haspital or attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL DIRECTOR: After this certificate has directar, page 3 shauld be detached far use as 4/18/69 Acromegaly CAUSES OF DEATH? YES X NO 🗔 YES director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 4/15, 1969, ta 4/22, 19.69, that (I) (we) last saw the deceased alive an 4/22, 19.69, and that in (my) (aur) opinion death accurred an the date and haur and tram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF 4/22/69 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Rudiger Breitenecker, M. D. Greater Baltimore Medical Center NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) PEMOVAL Specify 4/25/69 Barkwood Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Schimunek Funeral Home, Inc. Victoria Judge MPR 2 5 3331 Brehms Lane



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tifice hysi n pl val,		'es, no, or unknown) (If yes g	219–28	8-7700 Balt	imore Count	ty General Ho	ospital APPROXIMATI	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the fonetral should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial, crematian, ar remaval, and in any event, within 72 haurs after death in the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death		Conditions, if ony, which gar rise to immediate couse (c stating the underlying cou- lost.	DUE TO, OR AS A CONSEQUE (b) (b)	ngulius les noelor natured con noe of ladder	careins		BETWEEN ONSET	AND DEATH
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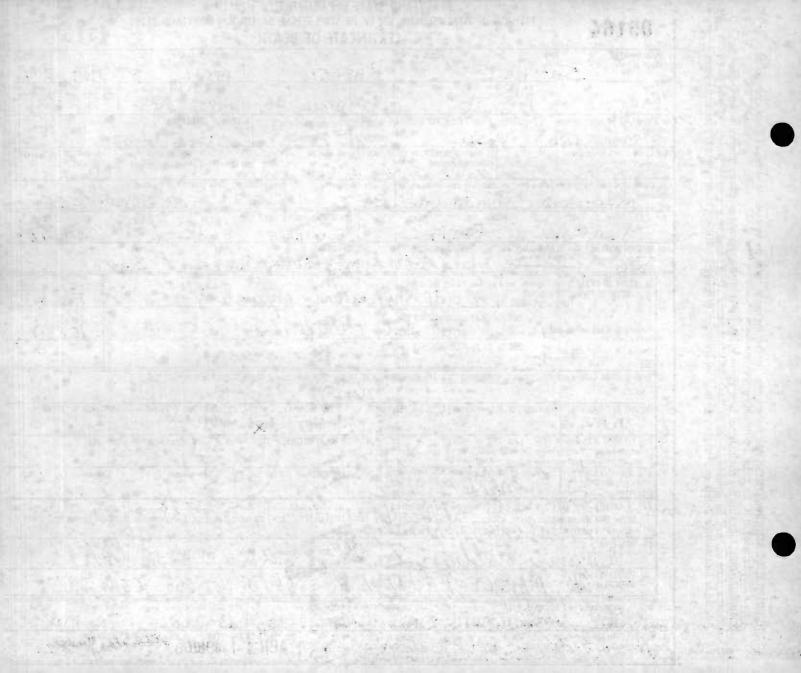
	1			D STATE DEPARTMENT		
		05161		CERTIFICATE OF DEA	, BALTIMORE, MARYLAND 21201	05153
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YSICIAN: The aspital or atte certificate has hed far use a pt. of Health pr	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy Yeor		D (Enter noture of injury in Port 1 or Port 2, Ite	em 18.)
DING PHYSIC by the haspi ffer this certi be detached State Dept. at	MEDI	21d. INJURY OCCURRED 21e. P While Not while at work	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R		County Stote
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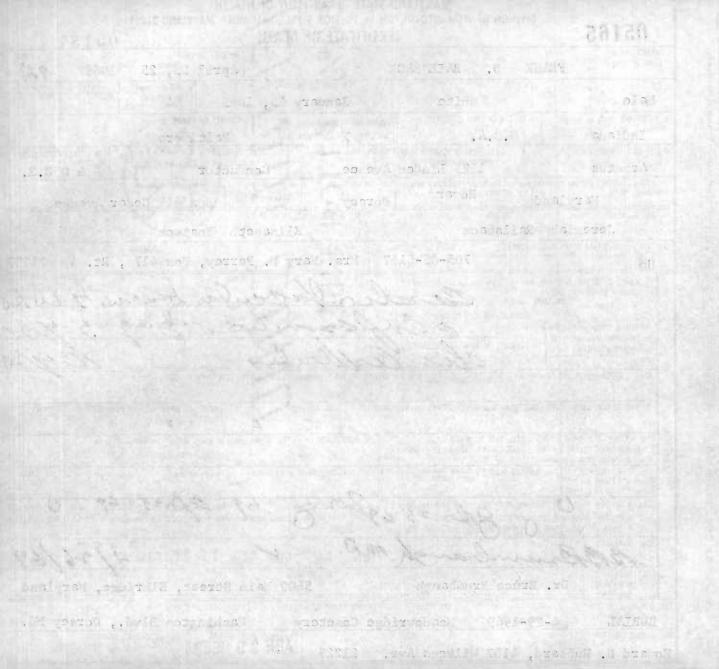
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y delay is 200 PM3. Page artment of	3. SEX Female	4. RACE White	5. DATE OF BIRT	1909. 6. A	GE (In years IF UNDER st, birthday) MONTHS 59 YRS	DAYS HOURS	MIN. 2c. DATE	PRONOUNCED DEAD	Yeor 149 22 MOUR
E 2 P	70. BIRTHPLACE (Country)	Stote or foreign	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	DIVORCED	9. COUNTY OF	Baltin	more,
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	14. FATHER'S NA/	E First	Middle F	losi Sheffe		ER'S MAIDEN NAME	First Millie	Middle	lost Herbst
C4 .= a	16o. WAS DECEASI (Yes, no, or un	D EVER IN U.S. ARM nown) (If yes	NED FORCES? give war or dates of service)	16b. SOCIAL SECURITY		ANT Lmer W. F	Pooley	ADDRESS	(Same)
shauld be executed e word "pending" is the Chief Medical nurial-transit permit.	Conditions rise to im storing the lost. PART 2. OTI	I. DEATH WAS CA IMM if ony, which go nediote couse (c underlying cou	DUE TO, OR (b)	AS A CONSEQUENCE C xcess ing AS A CONSEQUENCE C henobarb	sestion of ital & Li	brium		alcohol,	APPROXIMATE INTERVAL BETWEEN ONSEP AND OF ATH 12 hrs.
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#	PRIMARY [IG HOUR A.M	1. 19				ry in Port 1 or Port 2,	
ical Examiner: execute the certifor. Page 4 shaulded for your files. CTOR: Page 3 shauburial, cremation,	WHILE AT WORK	NOT WHILE AT WORK	le. PLACE OF INJURY (A foctory, office building	, etc.)		N Street or R.F.D. N	1	y or Town	County State
ro DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		resulted from	Natural cause harles F.	Accide Accide O'Donnell	nt [], Suicide	, Hamici SHEF MEDICA .D. ASSISTANT ME DEPUTY MEDIC ADDRESS(Street	ide, Unding L EXAMINER DICAL EXAMINER CAL EXAMINER et, city, town, or co	etermined manne	TE SIGNED 69
1	BURY	p1cify)	4/15/69	Morel	and Memori	ial Park		o. Md.	(County) (Stote)
VR A15ME (5)	Leona	d J. Ru	ck, Inc. B	alto. Md.	2121/1	DATE	APR 14	1989 REGIS	in Judge

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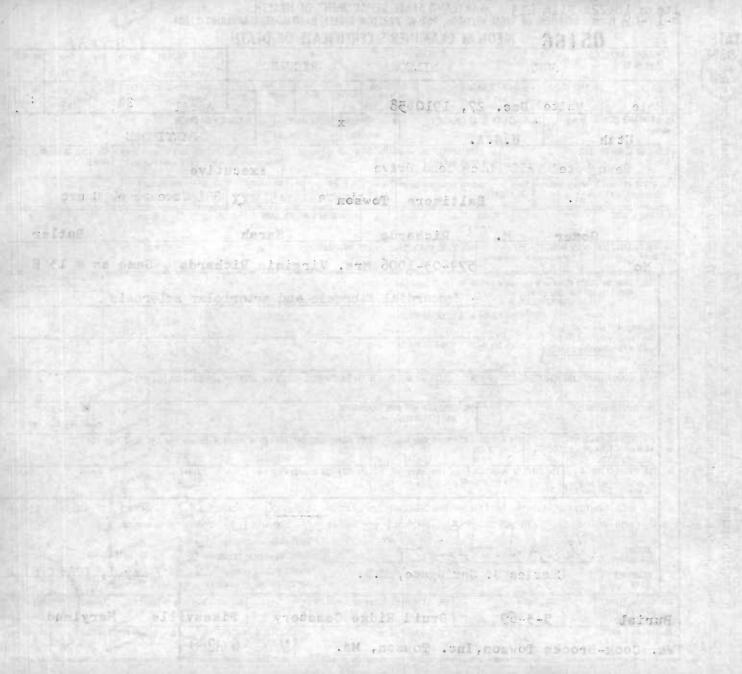
			NU STATE DEPARTMENT		
	05164	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET,	, BALTIMORE, MARYLAND 21201	
5	60107		CERTIFICATE OF DEA	ΔTH	05156
1	DECEASED-NAME First	Middle	lost	20. DATE OF DEATH	2b. HOUR
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-		NUEL	KAFFEL	APRIL 8	POY 1969 109 N
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
	MALE	WHITE	APRIL &	20, 1900 lost birthday) YI	
	. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
CC	MARYLAND	450	WIDOWED DIVORCED		OPF MA
10	. CITY OR TOWN OF DEATH		NSTITUTION (If nat in haspital	2a. USUAL OCCUPATION (Kind of work do	ne 12h KIND OF BUSINESS OF
4		give street address)	4	luring most of working life, even if retired	d.) INDUSTRY
13	n IISIIAI RESIDENCE (Where decens	ed lived, if institution: Residence before		SECE ISOE CITY LIMITS? 13e. STREET AND NUMBER	1300165
od	mission) STATE	13b. COUNTY	10 VEC		
=	MARYLAND		PALO	0 7 7 7 7 7 1	AUE AUE
14	. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN		Lost
L	MURRIS	RAFFEL	FANNI		KAFFEL
16	Yes, no, or unknown) (If yes give v			Address	
L	No -	212-03-5	312 MRS REB	A RAFFEL S	AMÉ
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (().) /= /	1 +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	PART 1. DEATH WAS CAUSE	BY: acute)	nesocureline is	nfirelien	Few man
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1	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O			
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	PART 2. OTHER SIGNIFICANT COL	IDITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMINAL DISE	EASE OKCONDITION GIVEN IN PART 1(0)	
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CEPTIEICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
PTIE	none		YES 🔲	NU	
			21c. HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or Part	2, Item 18.)
MEDICAL	G OR CONTRIBUTING CAUSE OF OEAT (If either, notify medicol exami	H HOUR A.M. Manth Day Yea ner) P.M.	17 19		
ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		R.F.D. No. City or Town	County State
	While Not while at wark	nancorrice Building, ETC.	1		
		is hospital) attended the decen	sed from//h	1962 to 4/K	19 6 9 that (1) (we) las
	saw the deceased a	live an 4/8	19 6 9, and that in (my) (a	ur) apinian death accurred an the	date and haur and fram the
	causes stated above	, (I) (we) (did) (did not) view the	e bady after death.	7 1	/
	22b. SIGNATURE	1	(h 17)		22c. DAJE SIGNED
	4 Mann	ce toldman	DEGREE PHYS.	MED. STAFF PHYS.	4/8/19
	22d. PHYSICIAN'S	MILLOUGE	12 22e. ADDRESS	116 0 2000 -	124611
	NAME (Type)	MAWILL FEL	UIIIAN OF 61	6/0 CKOSS C	OUNTRY
22	ig. BURIAL CREMATION. 23b.	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
23	Bustolites to 16 t	RIL 11, 469 BN			MD
2/	L-FUNERAL DIRECTOR	ADDRE	55 - 250	REC'D BY REGISTRAR 25b REGISTRA	AR'S SIGNATURE
. 2	FUNERAL DIRECTOR 5. Lu	ra & Son, INC 96	10 Resolutions	RECD BY REGISTRAR PR 1 1969	reas freezen
L			IVAL DAT		



	MARYLAND STATE DEPARTMENT OF HEALTH		
	05165 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201 05157	7
	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) FRANK D. RAILSBACK · April Month 25		2b. HOUR 9 25 M
3.	SEX Male 4: RACE White 5. Date of Birth January 25, 1885 6. AGE (In yet) log birthday	Ors IF UNDER 1 YEAR /) MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN
(0	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? Indiana 7b. CITIZEN OF WHAT COUNTRY? WIDOWED X DIVORCED 9. COUNTY OF DEATH WIDOWED X DIVORCED Baltimore		Md.
10.	Arbutus 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if ret Conductor	tired.) INDUSTRY B & O	BUSINESS OR R.R.
3 00		^{BER} Cedar Avenu	e
	Jeremiah Railsback Elizabeth Bostock	ddle	Last
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No 16b. SOCIAL SECURITY NO. 705-05-6167 Mrs. Mary D. Perrey, Box 41		21227
×	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	29 5	ys yrs
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	DINGS CONSIDERED IN CE	RTIFYING
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) OR A.M. Manth Day Year P.M. 19		
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town of work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased above on 2519 and that in (my) (our) apinion death occurred on to causes stated above. (I) (we) (did) (did not) view the body after death.	County 7, 19 7, that the date ond hour	State (we) last and from the
	22b. SIGNATURE 22b. SIGNATURE DEGREE ATTENDING DIRECTOR STAFF PHYS. 22e. ADDRESS	22c. DATE SIGNED	169
	NAME (Type) Dr. Bruce Brumbaugh 5609 Main Street, Elk		yland
L	a. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATORY BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Washington B1 FUNERAL DIRECTOR 23d. LOCATION (City or Town Meadowridge Cemetery Washington B1 ADDRESS 25g. REC'D BY REGISTRAR 25b. REG'S	lvd., Dorse	(State) y Md.
	loward H. Hubbard, 4107 Wilkens Ave. 21227 APR 2 9 1969	STRAR'S SIGNATURE	٤ :

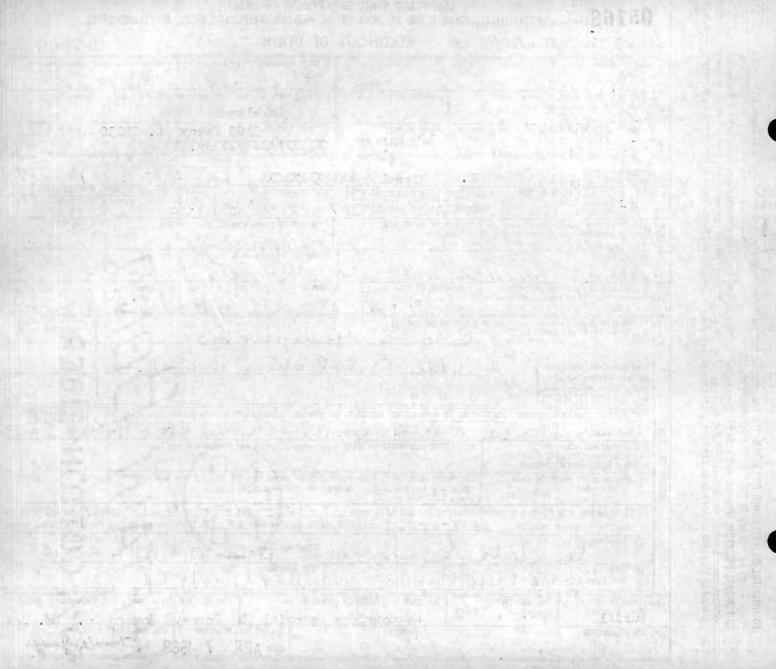


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FOR STATE			05166	MEDICA		'S CERTIFICA	TE OF DEAT	H	0	5158	
HEALTH DEPT		ECEASED-NAME Type or Print)	First JOH	IN	Middle MILTON	Lo I	RICHARDS	2a. DATE KNO OF ES DEATH MA	TI	Day Yeor	2b. HOUR
delay and 3 t	3. SE	X	4. RACE	S. DATE OF BIRTH	last b	rthdoy) MONTHS C	YEAR OF UNDER 24 HRS	2c. DATE PROM	OUNCED DEAD	Voor	2d. HOUR
2, and PM3. Part	-	fale BIRTHPLACE (State	White	Dec. 27	1910658		0.000000	April	Day 30	1969	F. P. N
, c e	caun			U.S.A.		MARRIED NEVE	DIVORCED 7.	COUNTY OF DEATH	TIMORE		м
Poges th far State	10. C	ITY OR TOWN OF		11. NAN	E OF HOSPITAL OR INS	TITUTION (If not in ha	spital 12a. USUAL	OCCUPATION (Kine	of wark done	12b. KIND OF BUS	INESS OR
the de			Mote1		h Bend Dri			t of working life, cutive		INDUSTRY	
hours after death trem 18. Give Pages 1, Office alongs with farm 1 and 2 with the State De ofter death.		USUAL RESIDENO Imission) STATE		13b. COUNTY Ba	on: Residence befare	Towson 12	13d. INSIDE CITY LIMITS? YES NOTE		number reamban	k Court	
hours Item 18 Office I ond 2 v		ATHER'S NAME	First	Middle	Last		S MAIDEN NAME FI		Middle	Lasi	
24 ho in Ite r's Off es lor rs off		William Control	Gomer	М.	Richard		Sarah		Middle	Butl	
hin 24 ncil in niner's poges hours		WAS DECEASED EV	ER IN U.S. ARMED FO	ORCES?	6b. SOCIAL SECURITY NO				ADDRESS		
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be e "per nief / nnsit ever	3		ny, which gave	(b)	A CONSEQUENCE OF					10.34	
should be e ne word "per o the Chief burial-transit in any ever		stoting the un	iote cause (a), derlying couse		S A CONSEQUENCE OF		THE WAR	X (4)	F 100 - 11		
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	CERTIFICATION				WAS PERFORMED?					YES 🔀	NO 🗌
# p = = \ \			R CONTRIBUTING	HOUR A.M.	JURY Manth, Day, Yeor	21c. HOW INJU	RY OCCURRED (Enter n	ature af injury in f	Part 1 or Part 2,	Item 18.)	
INER: 1 e certific should b files. 3 should otion, o	MEDICAL	CAUSE OF DEATH		P.M. LACE OF INJURY (At	home, farm, street,	21f. LOCATION	Street or R.F.D. Na.	City or To	wn	County	Stote
CAL EXAMINER: execute the certifor. Poge 4 should for your files. CTOR: Poge 3 should burial, cremotion,		WHILE NO		ory, office building,							
2 2 2 Ca.		22a. l	certify that I to	ak charge af the	remains describe	d abave, held an	Autapsy [X],	Inspection	Inquiry [, and in m	ny apinia
bleose exect director. Po etained for DIRECTOR: or to burial,		death re	sulted fram:	Natural causes	, Accident	, Suicide	, Homicide], Undetern	nined manner		
pleose director director DIREC	- 1	ACTUAL	(1)	111	-	2	CHIEF MEDICAL EXAM		22b. DAT	CICNED	
ory, pleanerol din	-	SIGNATURE	Char	100 6 6	princeto	M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL EX			1, 1969	
TO DEPUTY DICA necessory, please extra the funerol director. S may be retained TO FUNERAL DIRECTOR Health prior to but		EXAMINER'S NAME (Type)	Gilai	ries o. o	pringate,	FI.D.	ADDRESS(Street, city		- in y	,	
10 He	23a.	BURIAL, CREMAT	TION, 23b.			EMETERY OR CREMATO		23d. LOCATION (City		11/	tate)
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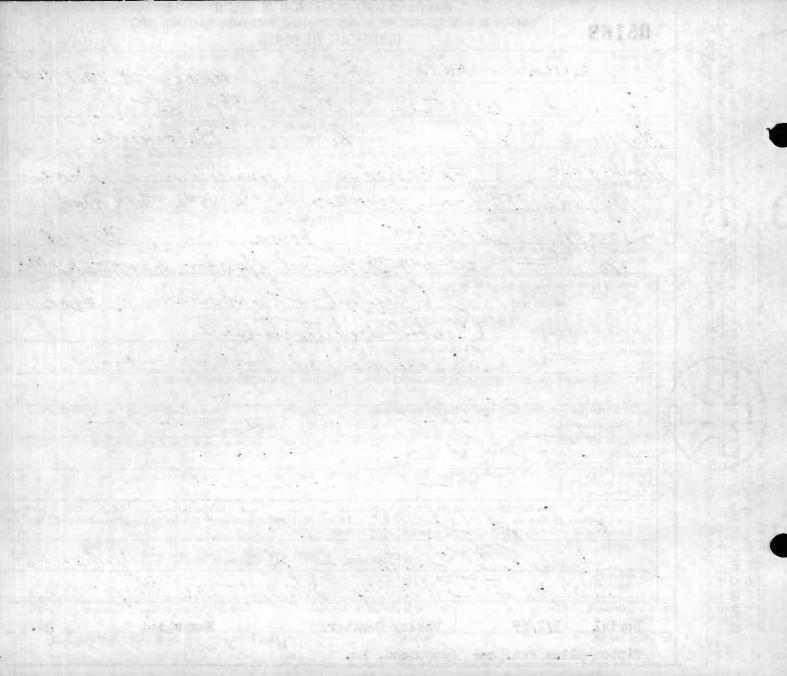


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11,	MARYLAND STATE DEPARTMENT OF HEALTH 05168 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
	Item23 FilmG411 4/10/69 kk CERTIFICATE OF DEATH	05160
haurs after death n by the function s. Pages ond hours after death	b. CITY OR TOWN (If autside carparate limits, write RURAL and give neagest town) Backform C. LENGTH OF STAY IN Ib C. CITY OR TOWN (If autside carparate limits, write RURAL and give neagest town) Lakeland	wed, if institution: Residence before odmission) b. COUNTY b. COUNTY mits, write RURAL and give nearest tawn)
thin 24 ho filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Caton Ridge Murany home 329 Harlem 3. NAME OF Fig Middle Last 4. DATE	OY St. 21230 Constant Consta
be executed within 24 haurs, and completely filled in by the remove carban papers. Pa I in any event, within 72 hours	DECEASED (Type or print) CARRIE E. RIEGEL RANDOMENAN DEATH S SEX 16 COLOR OR PACE 7 MARPIED NEVER MARPIED 18 DATE OF RIGHTH 19 AG	A PR L 19 4.9 SE (In years I FUNDER I YEAR IF UNDER 24 HRS. st birthday) Manths Days Haurs Min.
rtificate be executed by the physician and con please removaval, and in any	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Caunty & State, or fareign INDUSTRY 2011. BIRTHPLACE (Caunty & State, or fareign INDUSTRY)	country) 12. CITIZEN OF WHAT COUNTRY U.S. A.
eath certifig anding physi nit. Then pl or remaval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, eyunknown) ((If yes give wor or dates af service) 16. SOCIAL SECURITY NO. (Yes, no, eyunknown) ((If yes give wor or dates af service)	Aussella Address #30
s that the dea cian. d by the atten transit permit , crematian, or	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	N 3103 Savery St INTERVAL BETWEEN ONSET AND DEATH
equire physi signe burial burial	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c) IMMEDIATE CAUSE (a) DUE TO (b) TY: dollo Cerebrol erlery there is to immediate cause (a), stating the underlying cause (c)	omborés
In the law read of an attending ficate has been far use as the Health priar ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN Cenerulized and arteries classes - Curouic	Broi's Syndry YES NO 13
S PHYSICIAN the haspital this certifica detached far e Dept. af He	Cereardized aylerics classis — Arouic 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II or	af item 18.) ity ar tawn) · (County) (State)
IDING PHYS J by the hos After this ce J be detache State Dept.	21. I certify that (1) (this hospital) attended the deceased fram 3 - 10 -, 1965, to	1+ -1 - , 1969, that (1) (we) las
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. af Healt	sow the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and that death occurred at 6. M, for the deceased alive on L1-1- 1964, and the death occurred at 6. M, for the deceased alive on L1-1- 1964, and the death occurred at 6. M, for the deceased alive on L1-1- 1964, and the death occurred at 6. M, for the deceased alive of the dec	STAFF PHYS. \square 22b. DATE SIGNED \square
TO HOSPITAL Page 4 may 1 TO FUNERAL D director, pag should be file	NAME (Type) CESAR VALLE CAUETO 3629 LIVERT 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	y 12 il ION (City ar Tawn) (County) (State)
OF OF OR OF OT OT OF OR OT	REMOVAL (Specify) Apr. 5, 1969 Mesdowridge Memorial Pk Dors A FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
20 M 1/66	MoCully-337 Polipso Cive, 2/225 DATE APR 7	1989 Janes Jungan

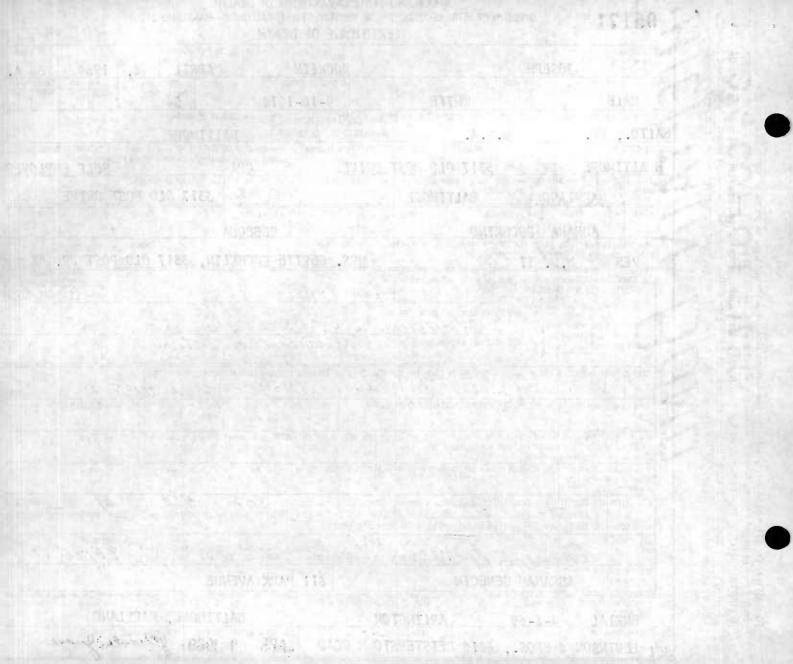


1	MARYLAND STATE DEPARTMENT OF HEAD		
	05169 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO		
1 5	CERTIFICATE OF BEATIF	. DATE OF DEATH	05161
	Type or print) LULA ANNA RILL	MONTH Day	1969 11:05 M
3. S	TEMALE 4. RACE White S. DATE OF BIRTH Narch 28:18	1 1102 (111)0013	UNOER I YEAR IF UNOER 24 HRS. NTHS DAYS HOURS MIN.
7o.	BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. CO	Baltimore	Md.
ID.		CUPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. odn	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO TOWN	13e. STREET AND NUMBER RE#2 T-a//s	Road.
14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First DAVIDSON	Middle	lost Bruwn
	D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 213-36-78-770 Mrs. Far/ Ma	Address HAMPS	FERD Mel
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	besid	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 2 1244
	rise to immediate cause (a). Stating the underlying cause (b). DUE TO, OR AS CONSEQUENCE OF (c) Library and Constitutions Contributing to Death BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO DEATH	ly Slave TION GIVEN IN PART 1(0)	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES \(\subseteq \text{NO} \)	2Db. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	IDERED IN CERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CRAIN (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	ore of injury in Port 1 or Port 2, Item	1 18.)
MEI	21d. INJURY OCCURRED While Not while of work of work of work	City or Town	County State
		, to/10/1/29 , 196	, that (I) (we) lost
	saw the deceased alive on 1967, and that in (my) (our) opinion causes stated above, (1) (we) (did) (did not) view the body after death.	deoni occurred on the dore	ond nour and from the
	causes stoted obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DIRECT DIRECT	22c. DATI	
(.	causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. DIRECTION OF THE PHYS. 22e. ADDRESS NAME (Type) OF THE PHYS. ATTENDING PHYS.	OR STAFF Que 22c. DATE OR HAYS. A Haryl	
	causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. DIRECTION OF THE PHYS. 22e. ADDRESS NAME (Type) OF THE PHYS. ATTENDING PHYS.	OR STAFF 22c. DATE OR PHYS. Grand EAD Maryl LOCATION (City or Town) (City or Town)	E SIGNED 29. 1969 County) (Stote) Md.



1	05170	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		05162
1.	DECEASED-NAME Firs		last	20. DATE OF DEATH	2b. HOUR
ı	(Type or print) TOM	MIE	RISHER	APRIL Month, 18	69 Year 5: 30 AM
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
L	MALE	NEGRO	4/13/13	last birthday) YRS.	MONTHS DAYS HOURS MIN.
CI	b. BIRTHPLACE (Stote or foreign buntry) CAROLINA	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
	FORT HOWARD,	11. NAME OF HOSPITAL OR IN: give street address) VETERANS ADM	IN. HOSPITAL during m	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY STEEL
ac	MARYLAND	ased lived, if institution: Residence before	BALTIMORE 13d. INSIDE CITY II PES X NC	TOO DITTOO TO THOUSEN	
14	I. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	irst Middle	Last
L	JIM	RISHE			PRIECE
1	6a. WAS DECEASED EVER IN U.S. AR Yes, no prunknown) (If yes give	war ar dates of service)		Address	
F		-		S, VAH, FT. HOWA	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUS		OF LEFT PLEURA WITH	PYMENCTUE	BETWEEN ONSET AND DEATH
		MATE CAUSE (o) CARCLINOMA	OF LEFT PLEUKA WITH	METASTASIS	YEARS
	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	HEART FAILURE		YEARS
	rise to immediate cause (a), stoting the underlying couse	(b) CONGEDITIVE	HIGHT PATIONS		TIME
	last.	(c)			
		ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
CEDTIELCATION	190. DATE OF OPERATION 19b). CONDITION FOR WHICH OPERATION WAS PE	YES 🔀 NO 🗌	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	S
MEDICAL CE	or CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Manth Doy Year niner) P.M.		nature of injury in Part 1 or Port 2,	Item 18.)
9.0	While Not while at work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		City ar Town	County State
	causes stated abov	his haspital) attended the decease alive an <u>APR</u> 20 1 re, X) (we) (did) (datass) view the	d fram <u>APR 15</u> , 19 <u>6</u> 9 969, and that in (100%) (aur) apid ady after death.	9, ta APR 20, 19 nian death accurred an the da	69 , that \$1) (we) last ite and haur and fram the
1	22b. SIGNATURE	Loundon Sen	an MEGREG ATTENDING DM		DATE SIGNED 20 69
	22d. PHYSICIAN'S NAME (Type) PUSH	PENDRA SENAN, M.D.	22e. ADDRESS	HOWARD, MD.	
	BURYTA Pecify)	pul25/69 BALTO.	EMETERY OR CREMATORY NATIONAL CEMETERY	23d. ŁOCATION (City or Town) BALTIMORE, MD	
		1129 N. C.	AROLINE ST., 250. REC'D BY		SIGNATURE
24	o BURIAL, CREMATION, 23b.	DATE: 23c. NAME OF BALITO. 1129 N. C.	EMETERY OR CREMATORY NATIONAL CEMETERY AROLINE ST. 250. REC'D B'	23d. tOCATION (City or Town) BALTTMORE, MD (REGISTRAR 25b. REGISTRAR'S	SIGNATUR

1 10	1	05171	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT		
11	7	HOLLL		ERTIFICATE OF DEATH		05163
er death.		ECEASED-NAME Type ar print) JOSE	Middle PH	Last ROCKLIN	20. DATE OF DEATH APRIL Manth 8 Doy	1969 2b. HOUR 6 AM
Te Te	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In veors	IF UNDER 1 YEAR IF UNDER 24 NRS.
hours after the results of the resul		MALE	WHITE	9-10-1914	last birthday) 54 YRS.	MONTHS DAYS NOURS MIN.
	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
d in d in 721	137	izto., MD.	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md.
and completely filled in by the fundament of the fundamen	E	CITY OR TOWN OF DEATH B ALTIMORE		DRIVE during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
be exercised within and completely file in any event, with	13o. odm	USUAL RESIDENCE (Where deceosission) STATE MARY LAND	1 101 -0.111711	13c. CITY OR TOWN 13d. INSIDE CITY I	IMITS? 13e. STREET AND NUMBER 3317 OLD POST	
any congression	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	irst Middle	Last
d in d			ROCHKIND		ECCA :	?
rificate shysicia in plea val, an		. WAS DECEASED EVER IN U.S. ARN Yes, no., or unknown) (If yes give w W.W.	MED FORCES? var or dales of service) 1 I		Address CHKLIN, 3317 OLD 7	
TENDING PHYSICIAN: The law requires that the death certificate be executed vined by the haspital or attending physician. OR: After this certificate has been signed by the attending physician and camplete aud be detached for use as the burial-transit permit. Then please remayer cort is the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event,		PART I. DEATH WAS CAUSED	ATE CAUSE (a)	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AMMEDIACE
lat the all th		Conditions, if ony, which gave rise ta immediate cause (o),	(b) ATTENDO SELECTION OF AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	notice W disease	- auti	7
The law requires th attending physician, has been signed by se as the burial-traith priar ta burial, cre		last.	(c)	/	CONDITION CIVEN IN DART 1/-	
w requing philips phil	NC	Aute 1	nyocardial Info	indian 1962	- Sinai Hope	ertal
The law ratending obtending has been ise as the th priar ta	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PER	YES NO		
ICIAN: pital ar rtificate d far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	(N HOUR A.M. Manth Day Year ner) P.M. 19		er nature af injury in Part 1 or Port 2, It	tem 1B.)
DING PHYSICIAN: The law reby the haspital ar attending After this certificate has been be detached far use as the State Dept. af Health priar tall	ME	at work at work	PLACE OF INJURY (AT NOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			County Stote
Page 4 may be retained by the haspiral ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. af Healt		22a. I certify that (1) (thi	is haspital) attended the decease live an TC 4 1' e, (I) (we) (did) (did nat) view the b	d from, 19.49 9.68, and that in (my) (aur) appady after death.		
O HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22b. SIGNATURE Char. 22d. PHYSICIAN'S	hem benecis	DEGREE PHYS. 22e. ADDRESS	MED. STAFF 22c. D	Abpul 9
RAIL RAI		NAME (Type) ABRAI	HAM GENECIN	611 PARK	AVENUE	
O HOSI Page 4 O FUNE directal should	230	BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town) BALTIMORE, MARYLA	(Caunty) (State)
VR A15 (1) 30M REV. 1 48		FUNERAL DIRECTOR	ROS. 6010 REISTERS	2Sa. REC'D	9 1969 Conf.	SIGNATURE

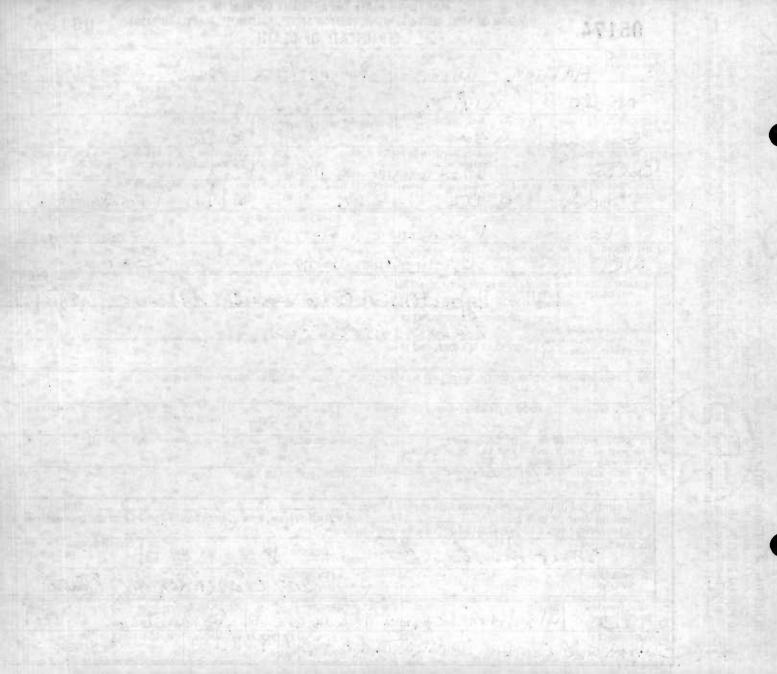


MARYLAND STATE DEPARTMENT OF HEALTH 05172 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05164 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN (Type or Print) OF ESTI-DEATH MATED ARTHA deloy and 3 IF UNDER 24 HRS. 4. RACE S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD HOURS 22-7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT MARRIED NEVER MARRIED 9. COUNTY OF DEATH 4 should be forworded to the Chief Medical Examiner's Office along with form (auntry) WIDOWED [DIVORCED State Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** the Kalussen with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OP TOWN 13d. INSIDE CITY LIMITS 13e. STREET AND NUMBER admission) STATE 13b. COUNTY in pencil/in Item 18. ond 2 ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Last Rumlick Ay Show poges hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within (Yes, na, or unknown) (If yes give war or dates of service) 200 File within APPROXIMATE INTERVAL .= 18. CAUSE OF DEATH (Enter only one cause per lipe for (of, (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise ta immediate cause (a). any e certificate should DUE TO, OR AS A CONSEQUENCE stating the underlying cause . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removol, CERTIFICATION used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES 7 pe 21a. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) NOT WHILE buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 2 Inquiry ond in my apinian the funeral director. Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy NAME (Type) ADDRESS(Street, city, tawn, ar county) 0 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) CinA (10) 24. FUNERAL-DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1.

THE STATE OF THE PARTY AND THE PROPERTY OF THE PARTY OF T Miles P. President and P. P. Company 910 Party High

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	1	MARYLAND STATE DEPARTMENT OF HEAL		
// 1	163	05.174 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201 0	5166
26		CERTIFICATE OF DEATH		
= = = =		one or print)	DATE OF DEATH Manth Day Ye	2b. HOUR
dea and dea	(1	ARTHUR WILHELM ROSENBERGER	APRIL Marin 28 18	169 60 am
full full	3. SE	X 4. RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER I	1 YEAR IF UNDER 24 HRS. OAYS HOURS MIN.
s of		Male White 22 march 190	7 7 2 YRS.	ONTS TIOURS MIN.
by by	7o. E	I MAKKIED SI NEVEK MAKKIED I	INTY OF DEATH	
24 H		Cernous SS WIDOWED DIVORCED (alto	Md.
AN: The law requires that the death certificate be executed within 24 haurs after death all or attending physician. It is a physician and completely filled in by the funeral far use as the burial-transit permit. Then please remave carban papers: Pages 1 and 2 Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death.	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during national during	JPATION (Kind of work dane Norking-life, even if retired.)	IND OF BUSINESS OR STRY
d v olete carb		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS?	13e. STREET AND NUMBER	. 0
cute omp	aami	SSION) STATE 13b. EQUNTY BOTTON YES NOW	6724 Jounbre	ook Nr.
and or remoin any	14. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First	Middle	Last
d in ar		Leo Rosengeager Hebiusa	Rosen	begger
an	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 85,00, or unknown) (If yes give war or dates of service)	Address	0
physician hen please naval, and		218-140544 W/2	Sam)
he death cei attending p permit. The ian, ar rema		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	BE	APPROXIMATE INTERVAL ETWEEN ONSET AND OEATH
eath endii nit. ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Candio-Vascula	rdiolase 1	5 years
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t the the sit practice		Canditions, if any, which gave rise to immediate couse (o), (b) Dia betes mellitus		
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requires that th physician. signed by the burial-transit i burial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	
ding ding been the	NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDEREI	D IN CERTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin directar, page 3 should be detached far use as the burial-transit permit. should be filed with the State Dept. af Health prior ta burial, crematian, ar re	CERTIFICATION	170. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTO-51? YES NO. 100-51?	CAUSES OF DEATH?	D IN CERTIFIING
or ate		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of contributing a contributing and co	e af injury in Part 1 ar Port 2, Item 18.)	
afficial defendable of the price of the pric	MEDICAL	(If either, natify medical examiner) P.M. 19		
HYS has s cel ache	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town County	y State
the detector		at wark		
by ffer be Stat		22a. I certify that (I) (this haspital) attended the deceased fram	ta, 19,	, that (I) (we) last
END led R. A Jid she		saw the deceased alive an19, and that in (my) (aur) apinian causes stated abave, (I) (we) (did) (did nat) view the bady after death.	death accurred an the date and	haur and fram the
P spirit		22h SIGNATURE	22c. DATE SIGI	NED
OR OR INEE		MED. DEGREE PHYS. DEGREE PHYS.	R PHYS.	
AL D NL D Sogg		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 207 Cla	- 1 / 1 1 71	1200
SPIT 4 m d FRA d be		NAME (Type) 207 Cla	rendon Ave 41	200
O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspital FUNERAL DIRECTOR: After this certification and director, page 3 should be detached should be filed with the State Dept. af	23o.	BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d.	LOCATION (City or Town) (Count	ty) (State)
5 5 5 ip	8	REMOVAL Specify 4/29/1969 Chevra ahoves Chescal	Mandolloloun	TY/CX
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Shows S. Deus Son 9610 Reusterston R. 254 19800 By REGI	STRARGO 25b. REGISTRAR'S SIGNATUI	KE CASE
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 05168 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05176 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR 24 hours after deoth. (Type or print) Or . Month 79 Doy P. 0 Y 50 3. SEX 4. RACE SE HINDER 1 YEAR IE LINDER 24 HRS oon popers. Poges 1 within 72 hours after AGE (In years completely filled in by the footbox carbon popers. Pages last birthday) MONTHS DAYS HOURS M2/2 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED (quntry) Daltimore Md WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street oddress) a most of working life, even if retired.) INDUSTRY physician and completely fen please remove carbon Kingsville Kingsville Md event. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c CITY OR TOWN admission) STATE 13b. COUNTY timore Bellyne Avenue Kingsvill and in any IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle requires that the death certificate Tod. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, na, or unknown) or removol, ottending phy: 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY OYOMZYL IMMEDIATE CAUSE (a cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p the Conditions, if any, which gove t rise to immediate couse (a). O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🚇 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Manth Day Year (If either, natify medical exominer) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at wark 3 should with the causes stoted obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING PHYS. M. BERRE MED. DIRECTOR director, poge should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 1969

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	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (a).) /	1	. //	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ŀ.	causes stated abov	e (1) (we) (ala) (ala hat) view the	e bady after death.		1 00-	DATE CICATO
	22b. SIGNATURE	0-0 () cla	ATTEND	ING MED	C STAFF	DATE SIGNED
	1-0/20	eld Usay	DEGREE PHYS.	DIRECTOR	PHYS.	4/0/67
	22d. PHYSICIAN'S NAME (Type) H.	GERALD C	STER 69	121 Rea	sterroun ,	hd
23	a. BURIAL, CREMATION, 23b.	DATE 23c. NAME O	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (State)
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3	. SEX Male	4. RACE	Cau.		DATE OF BIRTH 4-3-190	08	6. AGE (In years last birthgay)		IF UNDER 24 HRS. HOURS MIN.
7	o. BIRTHPLACE (State or fareign country) Baltimore	7b. CITIZEN OF WE	1.	WIDOWED [NEVER MARRIED		UNTY OF DEATH altimore		Md
6	O. CITY OR TOWN OF DEATH TOWSON	give s	AME OF HOSPITAL OR INS treet address)	o. Med.	Center	ring most of	UPATION (Kind of work d working life, even if retire OSTAL PECH 2	ed) INDUSTRY Pos	BUSINESS OR toffice
30	3a. USUAL RESIDENCE (Where decodersisian) STATE Md	13b. COUNTY	Baltimore	Towso	n YES	3 36-	13e. STREET AND NUMBER 5601 Leide	en Road 21	
	4. FATHER'S NAME First Antho	Middle	Schirmer	991	OTHER'S MAIDEN N	IAME First Ann	Midd 1a	Spa	last hn
	Yes Go, or unknown) (If yes g	ARMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY N 215-03-82			Schir	Addre mer 5601 Le	ider Aven	ue 06
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	19a. DATE OF OPERATION 1		ICH OPERATION WAS PER			NO [20b. IF YES, WERE FINDING CAUSES OF DEATH?	YES	:KIIFTING
	를 다 or contributing 다 cause of	DEATH HOUR A.M. Iminer) P.M. Te. PLACE OF INJURY (this hospital) attention of the place of the	Manth Day Year 19 (AT HOME, FARM, STREET, FACI OFFICE BUILDING, ETC. Ended the decease	od from	3/23/ not in (my) (ou	F.D. No.	City ar Town	County	Stote (I) (we) las
	22b. SIGNATURE	Jale C.	- (1)	D, DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTO	R STAFF NO STAFF	22c. DATE SIGNED 4/14/ S Street	69
12		b. DATE 4-17-1969		CEMETERY OR CRE			LOCATION (City or Town) Fullerton		(Stote)
1	24. FUNERAL DIRECTOR assahn Funer		Ol Belair	Road 21		REC'D BY REGI		RAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH

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	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-21		23c. NAME OF BALTIM					(City or Town) ERSTOWN,	(County) MARYLAN	(Stote)
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PIT/ mg ERA or, p		MAME (Type) JOSE	PH C. MATCHAR	6821 R	EISTERSTOWN ROAD	(/ /
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The atte	IFIC			YES NO C	CAUSES OF DEATH?	
Ar		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.)
CIA Figure 14 Figure 14 Fi	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor P.M.			
IYSI nasp cert chec pt. c	MED	214 MILLIDY OCCUPATED 121- D	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and		While Not while of work	OFFICE BUILDING, ETC.			
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ed to the state of		saw the deceased ali	ve on 4 - 14 - 1	ed fram 2-2-3-, 19 (969, and that in (my) (aur) ap bady after death.	inian death accurred an the do	ate and hour and fram the
TT rain rain hau			(I) (we)/(did) (did nat) view the	bady after death.		
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7 1		05184 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05176
MP STILL BURGE TO P		CERTIFICATE OF DEATH	
erol ond 2 leath.		DECEASED-NAME (Type or print) CLARENCE OSCAR SCHOAL (1920 Day)	2b. Hour
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	3. S	SEX 4. RACE S. DATE OF GIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN
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cuted omplet event	13o. adm	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before BALTIMORE YES NO 136. STREET AND NUMBER 1238 GLEN	HAVEN RD.
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The offer of the hosse of the h	E	YES NO CAUSES OF DEATH?	
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CI PER	MEDICAL	or contributing cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19	
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PH this this etco		While of work of work	
N the termination of the state			99, that 国 (we) lost
Affin		220. I certify that (f) (this haspital) attended the deceased from 1964, to 22 April 1964, to 22 April 1964, and that in (ma) (our) opinion death occurred on the date	and hour ond from the
OR Sine		couses stoted obove, H (we) (did) (aid no t) view the body offer deof	
OR A be rethered by SIRECT SIR	3	ATTENDING MED. STAFF	ATE SIGNED -
P P P P P P P P P P P P P P P P P P P		DEGREE PHYS. DIRECTOR	Africo 1801
RAIL Por Per Per Per Per Per Per Per Per Per Pe		NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low range 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn)	(County) (State)
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aurs after death.	1. D	ECEASED-NAME Firs	t	Middle		ATE OF		DATE OF DEATH			2b. HOUR
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l		22a. I certify that 段 (t	nis haspital) atte	ended the decease	d fram.A	pril 1	, 1969	, to April	25, 19	69_, that	K) (we) last
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		22b. SIGNATURE	n. /	70		ATTENDI	ING MED.	STAFF	22c.	DATE SIGNED	
		22d. PHYSICIAN'S	19. Ch	chmon	DEGR	EE PHYS.	LJ DIRECT	OR PHYS.	XX 4	/26/69	
			IP M. ASH	IMAN, M.D.		22e. ADI		L. FORT HO	OWARD.	MARYIA	ND
	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	PAYE /	23c. NAME OF (CREMATORY	230	LOCATION (City or	Tawn)	(Caunty)	(State)
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	ing Th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one cause per li	ne for (a), (b), and (c)	.)					BETWEEN O	MATE INTERVAL NSET AND DEATH
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	ING by the ter tate		22o. I certify that (thi	s haspital) att	ended the deceas	ed_from	4398M	, 19 69 , ta	4-30	, 19	69, that	(I) (we) last
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	NL O		22d. PHYSICIAN'S	wo wi	may	/ Degr	PHYS. 22e. ADDRESS	LJ DIRECTOR L	PHYS.	0	5-01-	69
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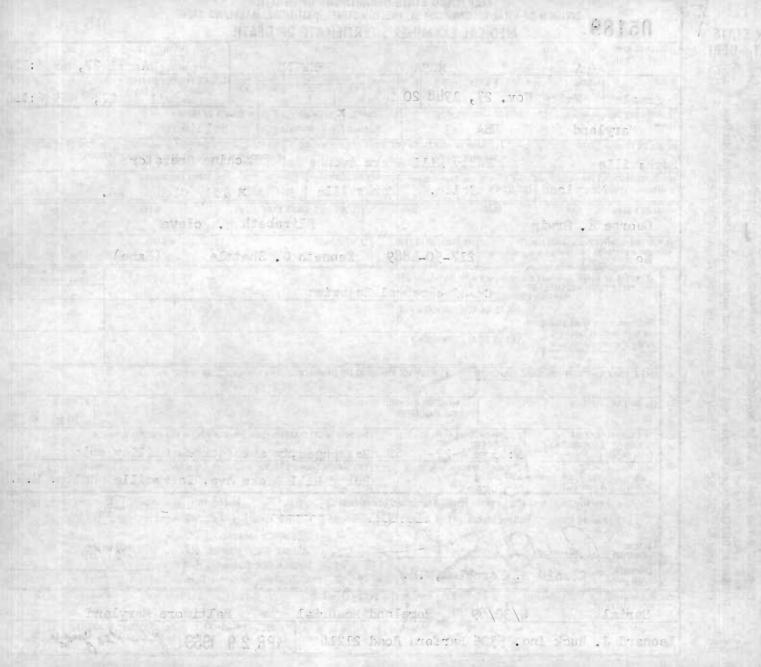
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05179 CERTIFICATE OF DEATH DECEASED-NAME a Ka HENRYMICHULZ 2a. DATE OF DEATH 2b. HOUR death. 24 hours after death funerol 1 ond April Month 28 Day 1969 HENRY SCHULZE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR last birthday) HOURS July 17,1897 Male White event, within 72 hours, 70. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED IN NEVER MARRIED filled/in country) and completely filled in remove corbon papers USA DIVORCED Baltimore County, Maryland WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress during most of working life, even if retired)
commercial artist INDUSTRY Catonsville Huron Rd. retired 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Baltimore Ctnsvll. NO 200 Huron Road -21228 burial, cremation, or removal, and in ony 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Herman Schulze Caroline Rohrman 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (If yes give war or dates of service) 216-32-3846B Mrs.Lillian E.Schulze 200 Huron Rd. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause; last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO Z with the Stote Dept. of Heolth FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did not) view the body ofter death 22b. SIGNATUR 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** director, poge should be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S Edgar P. Williamson 5550 Balto. National Pike 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) REMOMAL (Specify) May 2,1969 Meadowridge Cemetery Baltimore Maryland
GISTRAR | 25b. REGISTRAR'S SIGNATURE 9 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 250. Melizalen 1969 H. Sander & Sons, Inc., Balto., Md. DATE

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		ALE DEPARTMENT OF		
DIVISION OF	VITAL RECORDS, 301	W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	05180
05183 DIVISION OF	CERT	IFICATE OF DEATH		00100
1. DECEASED-NAME First	Middle 1	Lost	20. DATE OF DEATH	2b. HOUR
(Type or print) Samuel		o hunich	Commonth Do	Year 21. M
3. SEX_ 4. RACE	1)	5. DATE OF BIRTH		IF UNOER 1 YEAR IF UNOER 24 HRS.
male my	lute	July 4,	6. AGE (In yeors last birthday)	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF W	/HAT COUNTRY? 8. MA	RIED NEVER MARRIED	9. COUNTY OF DEATH	
1 Locato Ma US		OWED DIVORCED	Vactima	e Md.
10. CLTY OR TOWN OF DEATH	STREET OF HOSPITAL OR INSTITUTION	N (If not in hospital 120. USL	JAL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
selling 3	street oddress May	run recipe	teret	River
13o. USUAL RESIDENCE (Where deceased lived, if institute odmission) STATE Law Law 13b. COUNTY	of the state of th	TY OR TOWN 13d. INSIDE CITY YES N	LIMITS? 13e STREET AND NUMBER	whan Rd
14. FATHER'S NAME First Middle	Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
I Isadoe Schu	nick	Ethel!		
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ocumknown) (If yes give wer or dates of service)	16b. SOCIAL SECURITY NO.	17 INFORMANT	Address	a mal De
163, 110, 0 (31,110,311)		homanson	unick - 520°	1 mayfauld
18. CAUSE OF DEATH (Enter only one cause per li PART 1. DEATH WAS CAUSED BY:	ine far (a), (b), ond (c).)			APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Care	noma of	Lung	18 minths
	AS A CONSEQUENCE OF	J		
Conditions, if ony, which gove rise to immediate couse (a), (b)				
stoting the underlying couse DUE TO, OR	AS A CONSEQUENCE OF			
lost. (c)				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
NO.			Long us yes yes substant	CONTRACTOR IN CONTRACTOR
196. DATE OF OPERATION 196. CONDITION FOR WE	HICH OPERATION WAS PERFORM		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
196. DATE OF OPERATION 196. CONDITION FOR WE	NE INITION	YES NO [h 103
2.0.11		ZIC. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2,	Item 18.)
(If either, notify medical examiner) P.M.	19			
21d. INJURY OCCURRED Vhile Not while of work of work	(AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. N	o. City or Town	County Stote
22a. I certify that (I) (this hospital) ott	tended the deceased fro	m 9/9 19	67, to 4/2 , 19	69, that (I) (we) last
saw the deceased alive an causes stated above, (1) (we) (did)	411 196	, and that in (my) (our) or	pinian death occurred an the de	ate and have and from the
causes stated above, (I) (we) (did)	(did nat) view the body	fter deoth.		
22b. SIGNATURE		ATTENDING	MED. STAFF 22c.	DATE SIGNED
It sinta	-1 MD	DEGREE PHYS.	DIRECTOR L PHYS. L	+13169
22d. PHYSICIAN'S NAME (Type) I SOZIHI	BERG	22e. ADDRESS	Northern Par	Ew.m
230. BURIAL, CREMATION, 23b. DATE	23c, NAME OF GEMEIF	RY OR CREMAJORY	23d. LOCATION (City or Town)	(County) (Stele)
230. BARIAL, CREMATION, 23b. DATE CAPUL 6	69 1 Deth	Thelah	Woodlow	ind.
24. FUNERAL DIRECTOR	JAC ADORESS	1 250. RECD	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
Sal Llinon d De	De - 6010 K	list la DATE PH	9 1969	Las Judge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 2b. HOUR Month Dov (Type or Print) OF ESTI-DEATH MATED April 27, 169 ROSA SHETTLE 6:15A IDA iny deloy 2, and 3 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. F Nov. 27, 1948 20 White 1969 6:15M Female the State Deport 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ner's Office olong with form Maryland USA DIVORCED [Baltimore WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within 24 hours ofter death during lorest of working life eyen if retired.) INDUSTRY give street address Hill &Fern Avenue Parkeville death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland | 13b. COUNTY Balto. Park ville YES NO X 2517 Glenco Rd. poges Jand 2 tem] ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Elizabeth R. McLewe George E. Orwig hours pencitin 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (Yes no ar unknown) 217-50-4889 (Same) Kenneth G. Shettle 4 should be forworded to the Chief Medical Example Eie APPROXIMATE INTERVAL .⊆ within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY:
IMMEDIATE (AUSE (a) Craniocerebral Injuries ony event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gove rise to immediate cause (o), This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .0 or remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 00 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES E NO 🗍 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: Passenger, in auto struck utility pole 5:45 xxx. 4-27- 1969 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn 21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.) WHILE AT WORK AT WORK Putty Hill &Fern Ave. Park wille Balto. M.D. pleose execute Street buriol, 220. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . ond in my opinion director. deoth resulted from: Noturol couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial 4/30/69 Moreland Memorial Baltimore Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Leonard J. Ruck Inc. 5305 Harford Road 21214 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1/2 1	1			DIVISION	OF VITAL RECORDS		RESTON STRE			YLAND 212	01		
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er death. funeral s 1 and 2 ter death.		ECEASED-NAME (ype or print)	First Erman		Middle	Shoem	lost aker	2	o. DATE OF	DEATH Month	Doy 2	Yeor -	2b. HOUR
haurs after death. n by the funeral sRages 1 and 2 hours after death.	3. S	X Male		4. RACE Wh	nite		S. DATE OF BIRT		7	6. AGE (In year last hirthday)	YRS.		F UNOER 24 HRS. HOURS MIN.
24 haurs d in by pers:—R	7o.	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI	to[]	OUNTY OF Balt	DEATH timore			Md.
vithin 24 san pape	10.	RANDA	PLLS Tou		NAME OF HOSPITAL OR II pive street oddress) Cha	NSTITUTION (If n apel Hi	ot in hospitol 11 Conva	120. USUAL O	of working I	(Kind af wark life, even if reti	dane red.)	12b. KIND OF B INDUSTRY	JSINESS OR ARM
e executed within 24 ha and completely filled in termave carbon papers			E (Where deceas	ed lived, if inst	titutian: Residence befare		-	d. INSIDE CITY LIMITS? YES NO 🔀	13e. STR	GREEN		STREL	7
be exec	14.	FATHER'S NAME	First	Middl		15	. MOTHER'S MAID	DEN NAME First		Mid		BLAG	Lost
physical be physical physical coverand in		es, no, or unknow	EVER IN U.S. ARM vn) (If yes give v		16b. SOCIAL SECURITY		NFORMANT PS. NOZ	.man	HUL	L WE	ess 5TMI	NSTER	, md.
AN: The law requires that the death certificate be or attending physician. It is been signed by the attending physician far use as the burial-transit permit. Then please Health priar to burial, cremation, or removalty and		18. CAUSE OF PART 1. DI	DEATH (Enter on EATH WAS CAUSEI IMMEDIA	ly ane cause pe D BY:	er line for (a), (b), and (c	57	ronh	er,	AS	H.D.			TE INTERVAL ET ANO DEATH
t the death the attendi sit permit. nation, or r		Conditions, if a	ny, which gave)	DUE TO, O	OR AS A CONSEQUENCE O	wire	à The	mhe	i	and		to	
equires that the physician. signed by the burial-transit burial, cremat		stoting the un last.	iote cause (o), derlying cause	DUE TO, (OR AS A CONSEQUENCE O	Frank	Zanhr	me, Ce	polis	lis		4-2:	5-69
required physical signification of the control of t	z	PART 2. OTHER	SIGNIFICANT COL	NOITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL I	DISEASE OR CONO					
AN: The law rall or attending all or attending icate has been far use as the Health priar ta	CERTIFICATION	19a. DATE OF OP	ERATION 2 19b.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPS	NO [2]		YES, WERE FIND OF DEATH?	INGS CONS	SIDERED IN CE	TIFYING
CIAN: oital or tificate far u	MEDICAL CER	OR CONTRIBUTION	WAS UNDERLYING CAUSE OF OEAR	HOUR A	M	r 10	OW INJURY OCCUI		ture of injur	y in Port 1 or P	ort 2, Iten	n 18.)	
PHYSI he hast this cer letache	ME	21d. INJURY O While Not at work at	CUIPPED 210	PLACE OF INJU	RY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LC	OCATION Street	ar R.F.D. Na.	City	ar Tawn	(County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. Rages 1 and 2 should be filled with the State Dept. at Health priar ta burial, crematian, or removal and in any event, within 72 hours after death		22a. I certit	y that (I) (the deceased of	is haspital)	attended the decea id) (did not) view the	sed fram	d that in (my)	, 19) (ө ы) apinia	_, ta in death o	4-23 iccurred on t	_, 19 <u>6</u> he date	7, that and haur o	(I) (we) last nd fram the
OR ATTI e retain IRECTOR 3 shau d with t		22b. SIGNATURE		1 E	11,12	DEGI	ATTENDING	MED.	TOR 🗆	STAFF PHYS.		TE SIGNED	69
PITAL (I may b ERAL DI Ir, page I be file		22d. PHYSICIAN NAME (Typ		rd E. H	all, M. D.		22e. ADDRE				e, Ma	aryland	
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	230	BURIAL, CREMA REMOVAL (SLEC	TION, 23b. ify) 4		23c. NAME O	F CEMETERY OR	Come	TIL	Lux	N (City or Town	0.	(County)	(State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECT	W X	Laight	Lylan	ville,	MH	DATAPR 2	V	2Sb. REGIS	TRAR'S SIG		4

1/				301 W. PRESTON STREET, BALTI		
,		05191		CERTIFICATE OF DEATH		5183
£ _ ~ £		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
er death: funeral 1 and 2 er death.	(Type or print) WILL	IAM	SHRIVER	APRIL 30,	1969 8: 10PM
fur er	3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
rs affer		MALE	CAUCASIAN	MARCH 10,	1897 lost birthdoy) YRS.	MONTHS OAYS HOURS MIN
haurs haurs	70.	BIRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
in 24 ho filled in papers. hin 77 h		MARYLAND	U.S.A.	WIDOWED TO DIVORCED	BALTIMORE	Md.
		FORT HOWARD	11. NAME OF HOSPITAL OR IN: give street address) VETERANS AD	STITUTION (If not in haspital HOSPITAL MINISTRATION 120. USUA during mo	L OCCUPATION (Kind of work done ost of working life, even if retired.) FARMER	12b. KIND OF BUSINESS OR INDUSTRY Self-Empolye
ed v	13a.	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIE	MITS? 13e. STREET AND NUMBER	
ond completely remave carban in any event, wi	don	MARYLAND	13b. COUNTY DORCHESTER	CAMBRIDGE YES NO	R.F.D. # 3	
dany any	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	irst Middle	Last
		HENRY	A SHRIV	ER AN	INA	COMSTOCK
icia leas an	160	. WAS DECEASED EVER IN U.S. ARME	and the state of t		Address	
physician physician en please aval, and		Yes, na, or unknown) (If yes give war YES WW	11 216 56 12	78 CLINICAL RECOF	RDS, VA HOSPITAL,	FT HOWARD, MD
binG PHYSICIAN: The law requires that the death certificate by the hospital ar attending physician. After this certificate has been signed by the attending physicia be detached for use as the burial-transit permit. Then pleas State Dept. af Health prior ta burial, crematian, ar remaval, and		PART I. DEATH WAS CAUSED	E CAUSE (o)	BERCULOSIS LUNGS, I	BILATERAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the the a sit pe natiar		Canditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF BRONCHOPNE	TIMON TA		100
y # y the sinsi		rise to immediate cause (o), (DUE TO, OR AS A CONSEQUENCE OF			
N: The law requires the ar attending physician. The has been signed by ruse as the burial-transalth prior ta burial, create the contractions.		stating the underlying cause lost.	(c)			
quir ohys igne igne ouric		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
ng p en s en s he b	2	RHEUMATOID AR	THRITIS, MARKED			
The law ratending attending has been se as the h prior ta	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The affer has see of the p	E			YES NO	CAUSES OF DEATH?	ES
a to a	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examine	HOUR A.M. Manth Day Year P.M. 19	9	nature of injury in Port 1 or Port 2, 1	tem 1B.)
PHYS the hos this ce detache e Dept.	W	While Not while		21f. LOCATION Street or R.F.D. Na.		County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 should be detached for u shauld be filed with the State Dept. af Heal		22a. 1 certify that (1) (15% saw the deceased alicauses stated abave,	haspital) attended the decease ye an 1,130/69 1 (M) (we) (did) (add on view the	ed fram 4/26/69 , 19 9, and that iaXXXX(aur) apin body after death.	, ta 4/3 0/6 9 , 19_ nian death accurred an the dat	te and haur and from the
D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22b. SIGNATURE Land	9. August le		22c. D	ATE SIGNED 4/30/69
SPITAL 4 may VERAL I ar, pag d be fil			J. BUNYOR, M. D.	VA HOSPIT	AL, FORT HOWARD,	MD
HO Bge FUN Frun	23a	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-	20211111		NATIONAL CEMETERY	BALTIMOR	E, MD
VR A15 PAC	24.	FUNERAL DIRECTOR & B.	Flemen ADDRESS	2011110	REGISTRAR 969 25b. REGISTRAR'S	SIGNATURE
45M - 1/60		Singleton Funer	al Home, 2nd av	re SW, Glen DAT MAY	- 1000	0

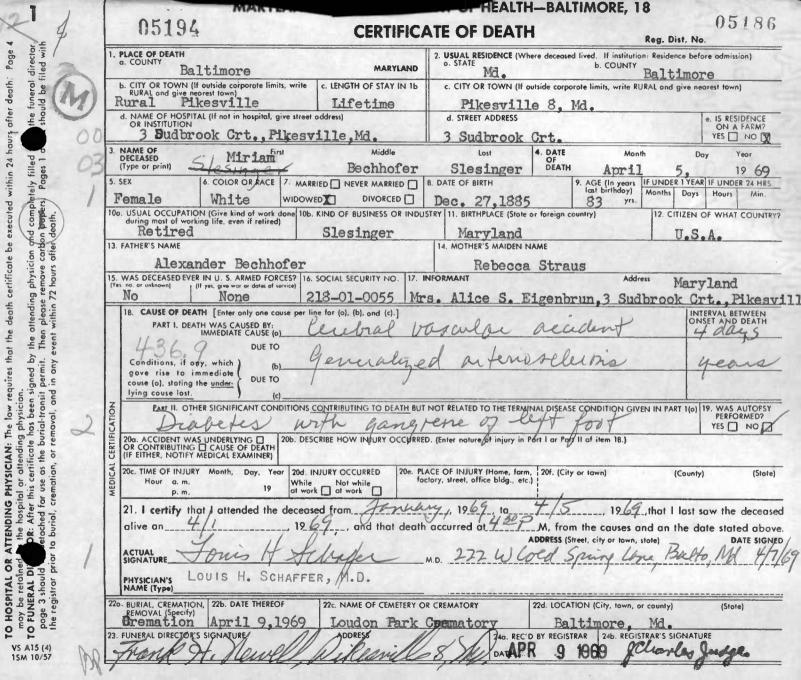
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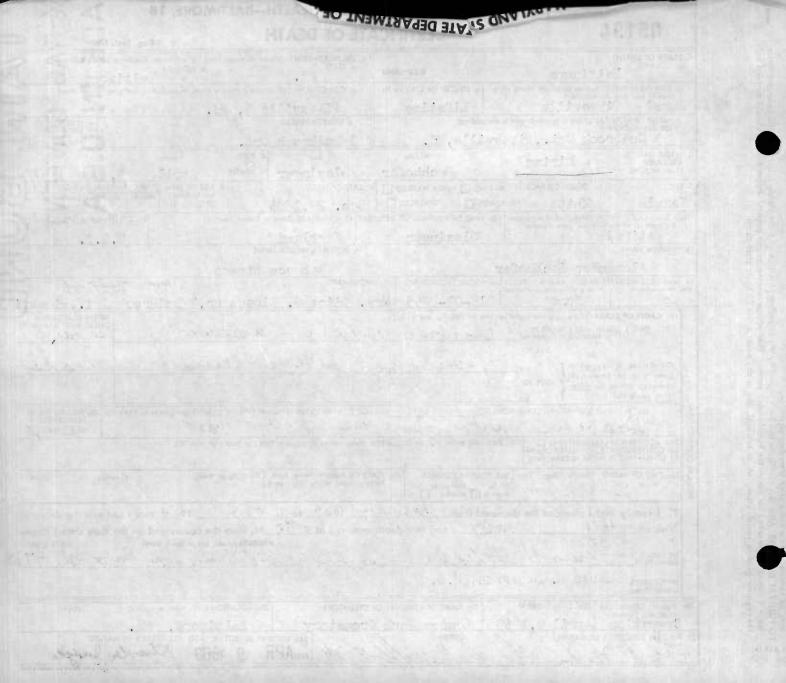
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OS18	
1.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) MYRTLE F. SHROM April Month 6, D1969 Year	2b. HOUR
1	remate white April 1, 1883 86" YRS.	AR IF UNDER 24 HRS. AYS HOURS MIN.
, st	A. BIRTHPLACE (State or foreign Penna. 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED Baltimore	M
0	Arbutus give steep 30 cester Road durin House Wire if each INDUSTR'	OF BUSINESS OR
3	3a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATE Maryland 13b. COUNTY Baltimore Arbutus 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1030 E1m Road	
	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Unknown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Lost
10	Yes, no or unknown) (If yes give wor or dates of service) 190-09-2362 Mrs. Robert B. Grayson, 1030 Elm Roa	d 21227
2	PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), Stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
PTIEICATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21b. HOW INJURY OCCUPRED. (Exter polyre of injury in Part 3, for Part 3,	N CERTIFYING
	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) Zid. INJURY OCCURRED While Not while Of twork of twork of work of twork of two	State
	22a. I certify that (I) (this haspital) attended the deceased fram 1957, 19, ta 46, 1969, the saw the deceased alive an 1957, and that in (my) (aur) apinian death accurred an the date and has causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING PHYS. STAFF PHYS. DIRECTOR PHYS. DIRE	9
23	226. PHYSICIAN'S NAME (Type) Dr. James N. Frederick 226. ADDRESS 1311 Francis Avenue, Balto., Md 30. BURIAL, CREMATION, BURIAL (Specify) 236. NAME OF CEMETERY OR CREMATORY 4-9-1969 Meadowridge Cemetery Dorsey, Howard County	(State)
\wedge	4. FUNERAL OIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS 250. REC'D BY REGISTRAR 9 1969 ADDRESS DATAPR 9 1969	ege.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
	05193 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0518	35
er death. funeral and 2 er death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Lewis NMI Siperko April 3009 6000	2b. HOUR p 5:45m
the fur	3. SEX 4. RACE 5. DATE OF BIRTH 12/2/97 6. AGE (In years withday) VRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
d in by	70. BIRTHPLACE (Stote or foreign Country) Wilkes Barre U.S.A. 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore	11.
be executed within 24 hand campletely filled in any event, within 72 hand in any event, within 72 hand in any event, within 72 hand in any event,	Dalling most of working life, even if retried INDUSTRY Werchant Univer sal Machine	BUSINESS OR
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ertificate b physician nen please naval, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or was gown) 16b. SOCIAL SECURITY NO. 177. INFORMANT Address Linnea R. Siperko Deer Park Rd. Owing	s Mills
at the death c the attending ssit permit. Ti matian, ar rem	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), (b) Extensive and Massive Pulmonary Metastasis	MATE INTERVAL INSET AND DEATH
equires tha physician. signed by burial-tran.	stating the underlying cause Due to, or as a consequence of (c) Kaposi's Sarcoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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OSPITA e 4 ma) JNERAL ctar, pc	NAME(Type) Dr. C. Cavero 8629 Liberty Rd., Randallsto	
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is certific te, writin forward to used on removal,	ICATE	190. DATE OF O	9, 1969	1191	was perfo	FOR WHICH OP	ERATION Cacture	d hin					20. AUTOPS	
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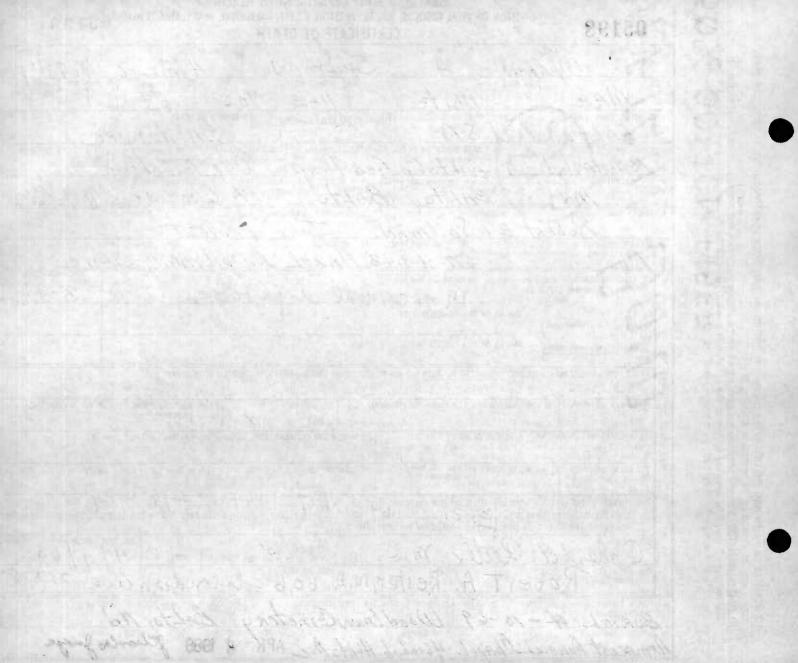
	1		LAND STATE DEPARTMENT OF HEALTH	
		OF TOO DIVISION OF VITAL RECOR	RDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
6		05196 DIVISION OF VITAL RECOM	CERTIFICATE OF DEATH	05188
death. neral and 2 death.	1. 0	DECEASED-NAME First Type or print) MARY A.	Smith 20. DATE OF DEATH Month	Day Year 9 2b. HOUR
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frate ysician please al, and	160	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war or dates of service) 220–30–	RITY NO. 17. INFORMANT A	ddress Ave. #21212
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IAN: The calculation of the calc		21 g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy	YES NO COURRED (Enter nature of injury in Part 1 o	r Port 2, Item IB.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-train, shauld be filed with the State Dept. af Health priar ta burial, cre	MEDICAL	(If either, natify medical examiner) P.M. 21d. INJURY OCCURRED VALUE OF INJURY AT HOME, FARM, STRE OFFICE BUILDING, ETC. at work at work	19 21f. LOCATION Street ar R.F.D. Na. City ar Town	Caunty State
NDING ed by the After I Id be d		22a. I certify that (1) (this hospital) attended the dec	ceased from Never 1967, to April (2019) ond that in (my) (our) opinion death accurred or	(2, 19_G, tha (1) (we) last the date and hour and from the
R ATTE		causes stated above (I) (we) (did) (did nat) view 22b. SIGNATURE	ATTENDING MED. STAFF	22c. DATE SIGNED
ITAL 0 may be RAL DII , page be filed		22d. PHYSICIAN'S NAME (Type)	DEGREE PHYS. DIRECTOR PHYS. L. 22e. ADDRESS 2115 Roisters	plowgrand
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th certifi ling phy . Then remava	-	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line fo		2	. Smith,	114/ Gr	APPROXIV BETWEEN O	MATE INTERVAL INSET AND DEATH
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PITAL O may be ERAL DII		22d. PHYSICIANS NAME (Type) Dr.	James Nolar	1	22e ADDRESS	ow Hill		lto., Md.	
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VR A15	DR.	4. FUNERAL DIRECTOR Howard H. Hubb	ard, 4107 Wi	ADDRESS ilkens Ave	21229 250 ARE	R BY REGISTRAR	69 2Sb. REGIST	RAR'S SIGNATURE	ac.ak

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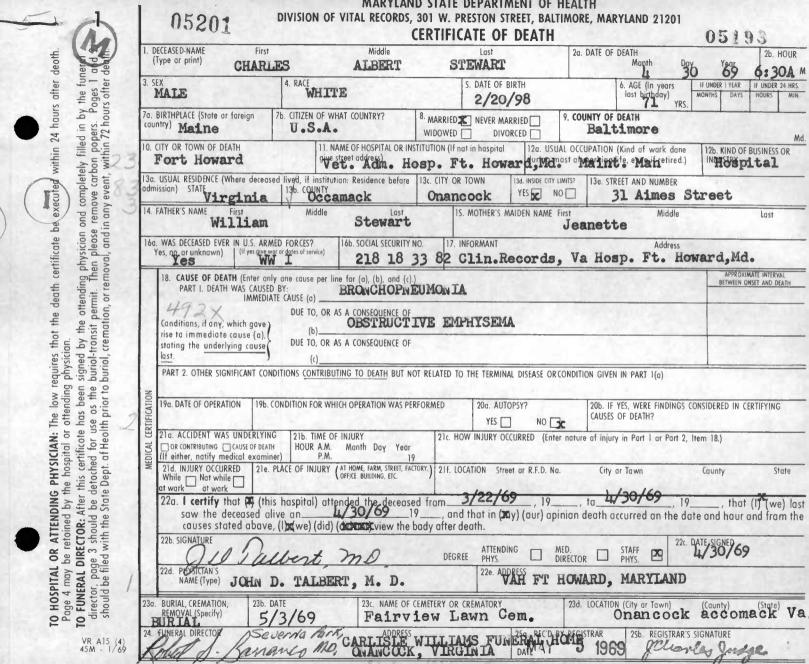
		MARYLAND STATE DEPARTMENT OF HEALTH	
12	13	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01 05190
27	18	05198 CERTIFICATE OF DEATH	00130
₹ _°≠		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
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that the death certificate b an. by the attending physician ransit permit. Then please cremation, or remaval, and i		a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, new or unknown) (If yes give wor or dates of service) 165. SOCIAL SECURITY NO. 17. INFORMANT	ess C
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by there be start		220. I certify that (1) (this haspital) attended the deceased from 2117, 1944, ta 411	, 19 <u>69</u> , that (I) (we) last
TEND ined OR: A suld the		saw the deceased alive on 3/3/1964, and that in (my) (aur) opinian death accurred an the courses stoted obove, (I) (we) (aid) (did nat) view the bady after death.	ne date and haur and fram the
Short		22b SECNATURE ATTENDING MED. STAFF	22c. DATE SIGNED
DIR DE		DIRECTOR PHYS. DEGREE PHYS. DIRECTOR PHYS.	4/7/69
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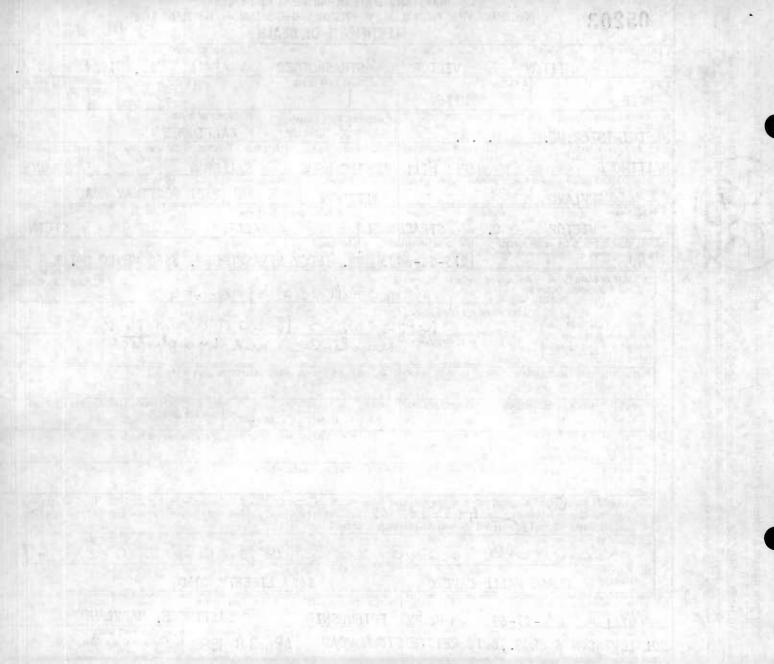
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				CERTIFI	CATE OF DEATH			
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the the mate		Canditians, if any, which gave)	(b) Rece	ex a	emous	princing s	-ch.	
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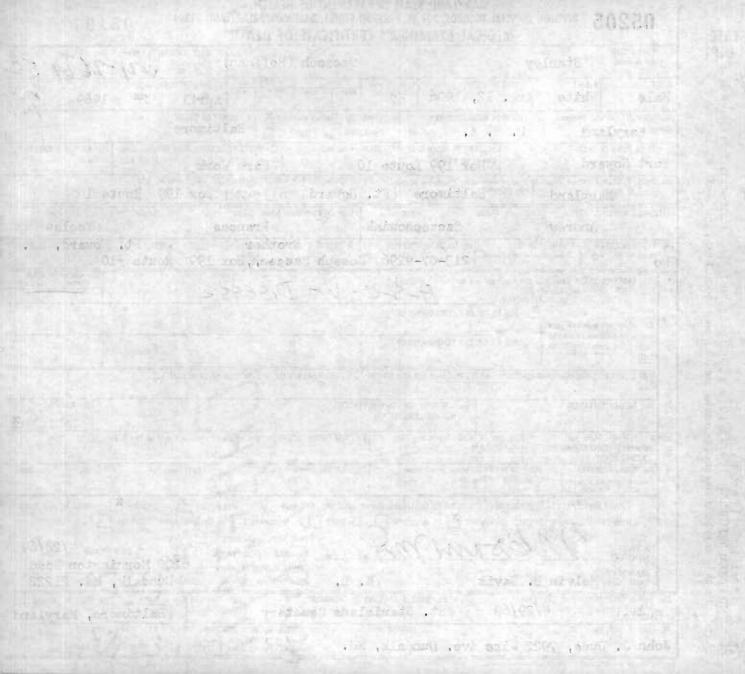
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05204 05196 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Day Year (Type or Print) ESTI-HENRY SULLIVAN Poge H. the State Department of 9, 196 DEATH MATED Apr. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2, and PM3. Male White Aug. 3, 1910 Month Apr. Year 69 Dog) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH olong with form country) Virginia U.S.A. Baltimore WIDOWED [DIVORCED [in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital hours after deoth 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if ratined.) give street address) **INDUSTRY** Steel Dundalk 6905 Dunmanway 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATMarvland 13b. COUNTY Baltimore Dumdalk YES X NO 14 Admiral Blvd. Office pages Land 2 ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Sullivan 24 James Lulu Turner the Chief Medical Exominer's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS in pencil be executed within (Yes, no, ar unknown) (If yes give war or dates of service) 223-20-4749 Thomas C. Sullivanl4, Admiral Blvd. 21222 No APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), and (c).) buriol-tronsit permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a). please execute the certificate, writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Tawn County factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection and in my apinian Natural couses Accident Suicide Undetermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER EXAMINER'S ro FUNE Health NAME (Type) Theodore C. Patterson, M.D. ADDRESS(Street, city, town, accounty 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) MeadwRidge Apr. 12, 1969 Dorsey, Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ullrich Funeral Home, Dundalk, Md. 1969 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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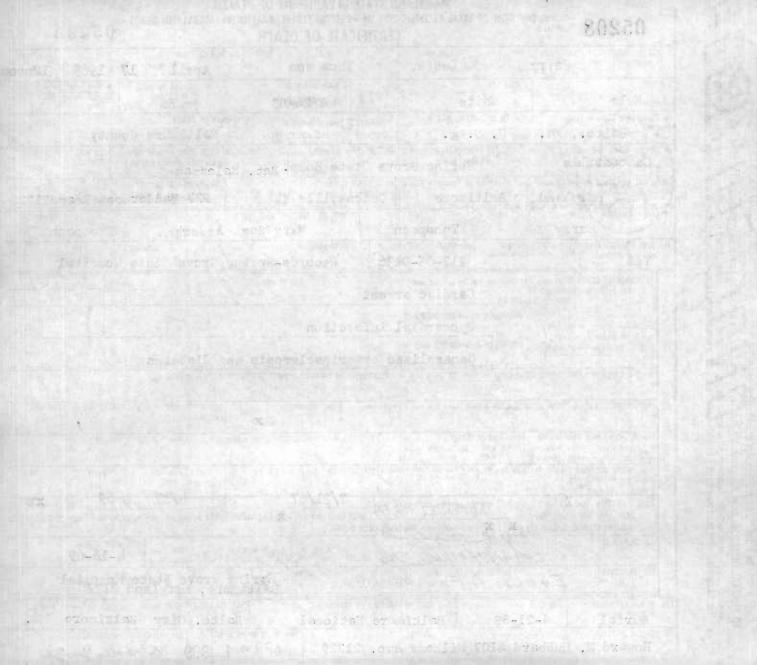


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FOR STATE			5198
HEALTH DEPT.	1. [DECEASED-NAME First Middle TAYLOR 20. DATE KNOWN Month Do OF ESTI-DEATH MATED ET APR	oy Yeor 2b. HOUR 21 169 5 A.M
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	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, cren		22a. I certify that I toak charge af the remains described obove, held on Autopsy, Inspectian, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner	ond in my opinion
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W.	13	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5199
FOR STATE		11520% MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0133
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Lost 20. DATE KNOWN Month D OF ESTI-	Yeor 2b HOUR
e de de	,	(ype or Print) GEORGE H. THOMAS, SR.	17 1969 8 5N
P 33	3. S	4. RACE 5. DATE OF BIRTH 6. AGE (in yours if UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	/ 2d. HOUR
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ath age th f		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o, USUAL OCCUPATION (Kind of work done 12	26. KIND OF BUSINESS OR
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haur Item Office after	14. [ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
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hin 24 ncil in niner's pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS esago, or unknown) (If yes give war or dates of service)	
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o beputy lease est the function of the functio		NAME (Type) M. B. Davis, M.D. 6800 Mornington Roads Dundalk, or Midw 21222	1101
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MAKTLAND STATE DEPARTMENT OF HEALTH

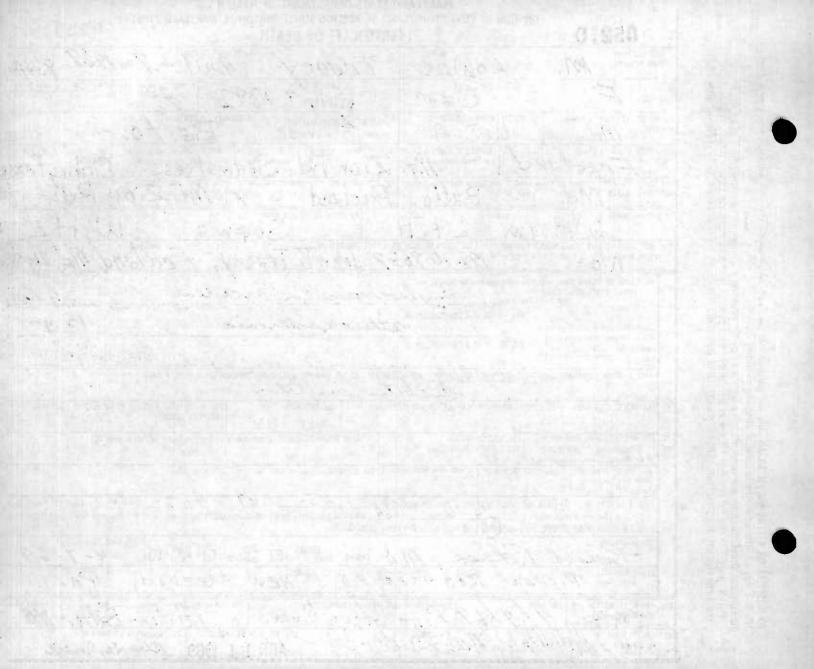
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death.	1. DECEASED-NAME (Type ar print)	First Harry	Middle Lester	lost Thompson	2a. DATE OF DEATH ApriMonth 177	2b. Hour 1989 12nopn
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event,	13a. USUAL RESIDENCE (When odmissian) STATE Mary	e deceased lived, if institution land 13b. Communication	n: Residence before 13c	. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	ood:Road 21228
/	14. FATHER'S NAME Firs Har	ry	Thompson	1s. Mother's maiden name Mary S		Thompson
	16a. WAS DECEASED EVER IN Yesing or unknown)	U.S. ARMED FORCES? If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 217-05-0130	17. INFORMANT Records-Sp	Address ring Grove State ^I	Hospital APPROXIMATE INTERVAL
State Dept. af Health priar ta burial, crematian, ar remava	PART I. DEATH WA	DUE TO, OR A: ch gave g cause DUE TO, OR A: (b) DUE TO, OR A: (c)	Cardiac arross a consequence of My ocardial : 6 A consequence of Generalized			BETWEEN ONSET AND DEATH
2	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFOR	MED 200. AUTOPSY? YES \ NO P	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UI	USE OF DEATH HOUR A.M. al examiner) P.M.	Manth Day Yeor		er nature af injury in Part 1 ar Part 2,	Item 1B.)
	While Not while at wark]) 21f. LOCATION Street or R.F.D. N	1 /27	County State
	causes stated	刈) (this hospital) otte ased alive an l abave, (1) (※) (대)	did nat) view the bad	rom 7/21/67 19_ 29, ond that in (my) (36 r) op y after death.	, to <u>47±7</u> , 19. pinion deoth occurred an the do	ote and hour and from the
	22b. SIGNATURE	Silver	teoful m	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED 1-18-69
	22d. PHYSICIAN'S NAME (Type)	EVELIO A			ring Grove State I Ltimore, Maryland	
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-69	Baltimo	re National	23d. LOCATION (City or Town) Balto. City Ba	
R	24. FUNERAL DIRECTOR Howard H.	Hubbard 4107	ADDRESS Wilkens Av		BY REGISTRAR 25b. REGISTRAR'S	signature



	MARYLAND STATE DEPARTMENT OF HEALTH	
ATE	05209 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5201
DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth Day	
5	(Type or Print) SHERRY GENENE TOTH OF ESTI- April 23	Yeor 2b. HOUR 3, 1969?
ment	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
	70. BIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Md
00	ESSEX give street oddress)948 Baynor Road_ during most of working life, even if retired.) INDUSTRY	D OF BUSINESS OR Y
803	13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 139. COUNTY Baltimore Park YES NO 948 Baynor Road	
0	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost BETTY SIERAK	Lost .
n 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MR. ISHMAEL G. TOTH 948 B	BAYNOR P.
within		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
urial-transit permit.	DUE TO, OR AS A CONSEQUENCE OF	
in any e	rise to immediate couse (o), storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
remaval, and ir	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. 20. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)	AUTOPSY? YES NO
2.5	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	
	21d. INJURY OCCURRED WHILE AT WORK AT	Y State
burial,	220. I certify that I took charge of the remains described above, held an Autopsy 🗷, Inspection 🗌, Inquiry 🔲, and	nd in my opinion
	deoth resulted fram: Notural causes 🔀, Accident 🗌, Suicide 🗍, Hamicide 🔲, Undetermined monner 🗌	
	ACTUAL CHIEF MEDICAL EXAMINER CONTROL	
2	SIGNATURE M.D. ASSISIANT MEDICAL EXAMINER X	59
2	EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER 4/23/6 NAME (Type) ADDRESS (Street, city, town, or county)	
	23a. BURIAL, (REMATION, PANOVAL (Specify) L 4/26/1969 OAKLAWN CEMETERY DALTINGE (County)	(State)
on.	24 FUNERAL DIRECTOR / ADDRESS / 250. REGISTRAR 25b. REGISTRAR'S SIGNATUR	te e
K	RAYMOND L. KACZOROWSKI 2525 FLEET ST. APR 29 1969 Williamsey you	udae -

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(Type or print) A RACE	2b. HOUR HO HOM UNDER 24 HRS. OURS MIN. Md. SINESS, OR
05210 CERTIFICATE OF DEATH 0520	2b. HOUR HO HOM UNDER 24 HRS. OURS MIN Md. SINESS, OR
1 DECEASED NAME Fire Middle lost 20 DATE OF DEATH	UNDER 24 HRS. OURS MIN Md. SINESS,OR
(Type or print) A. RACE S. DATE OF BIRTH S.	UNDER 24 HRS. OURS MIN Md. SINESS,OR
3. SEX 4. RACE 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthelay) 70. BIRTHPLACE (Stote or foreign country) 70. BIRTHPLACE (Stote or foreign country) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if cetired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last cut) 131. DAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if cetired.) 132. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last cut) 133. COUNTY 134. FATHER'S NAME 135. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 165. AGE (In years last birthelay) 9. COUNTY OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if cetired.) 120. USUAL DECUPATION (Kind of work done during most of warking life, even if cetired.) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last cut) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 121. NAME OF HOSPITAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 121. NAME OF HOSPITAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 122. USUAL OCCUPATION (Kind of work done during most of warking life, even if cetired.) 123. USUA	Md.
Country Coun	Md.
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking-life, even if setired.) 12. USUAL OCCUPATION (Kind of work done give street address) 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY BY 13c. STREET AND NIJMBER 13b. COUNTY BY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	SINESS,OR
TOURING TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking-life, even if cetired.) 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lack of the company of the com	SINESS,OR
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if cetired.) 120. USUAL OCCUPATION, (kind of work done during most of warking life, even if cetired.) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 130. COUNTY Balton Residence before admission of the country light l	Landon
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY BALLO COUNTY BA	Factory
13d. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13d. Ut on Rd. 13d. Institution: Residence before 13d. Ut on Rd. 13d. Institution: STATE 13d. COUNTY Balto Free and 13d. Institution: Residence before 13d. Ut on Rd. 13d. Institution: Residence before 13d. Ut on Rd. 13d. Institution: STATE 10d. Institution: Residence before 13d. Ut on Rd. 13d. Institution: Residence before 13d. Ut on Rd. 14d. Father's NAME 15d. Institution: Residence before 13d. Ut on Rd. 14d. Father's NAME 15d. Institution: Residence before 13d. Ut on Rd. 15d. Institution: Residence 13d. Institution: Residence 13d. Institution: Reside	_ /
14. FATHER'S NAME First Middle Start Is. MOTHER'S MAIDEN NAME First Middle Wirt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address!	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Z
Yes, no, or upknown) - (If yes give wor or dottes of service) 199-10-7637 John 1 Tacey. Freeland Md	21053
APPROXIMATE 18. CAUSE OF DEATH (Enter only one cause per line for (a),-(b), and (c).) APPROXIMATE BETWEEN ONSET	INTERVAL
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LETTWERN OMSET BETWEEN OMSET 36	Rrs
HART I DEATH WAS CAUSED BY: 4369 IMMEDIATE CAUSE (a) CENEUR CONSEQUENCE OF ALCOHOLOGY DUE TO, OR AS A CONSEQUENCE OF	
E e = 6 (Conditions, if any, which gove) (b) atheroscleroses 13	in.
rise to immediate couse (a). Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rise to immediate cause (a), storting the underlying cause last. Conditions, if any, which gove rise to immediate cause (a), storting the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
diabetes mellitus	
stoting the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Library 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO IV 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO IV 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Item 1B.)	FYING
YES NO VY 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)	
HOUR A.M. Manth Doy Year Or Contributing Cause of Death HOUR A.M. Manth Doy Year 19	
21a. ACCIDENT WAS UNDERLYING To consider the part of t	Stote
22a. I certify that (I) (this hospital) attended the deceased from 1-5-, 1967, to 4-7-, 1967, that (I)	(we) last
saw the deceased alive an	d from the
22b. SIGNATURES 22c. DATE SIGNED	1 0
Richard Kohnson, M. S. DEGREE PHYS. DIRECTOR DIR	69
⇒ S = 122d. PHYSICIAN'S 122e. ADDRESS 1	
22d. PHYSICIAN'S NAME (Type) RICHARD ROBINSON, M.D. 22e. ADDRESS NEW FREEDOM, PA.	
PHOLON RICHARD ROBINS ON M.D. WEW FREDOM, PA. 230. BURNAL (REMATION, 1 23b. DATE / 23c. NAME OF CEMESTERY OR CREMATORY) (County)/	(State)
21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Doc Contributing Cause of peach Hour A.M. Manth Doy Year 19 21c. How Injury occurred (If either, notify medical examiner) P.M. 19 21d. Injury occurred P.M. 19	

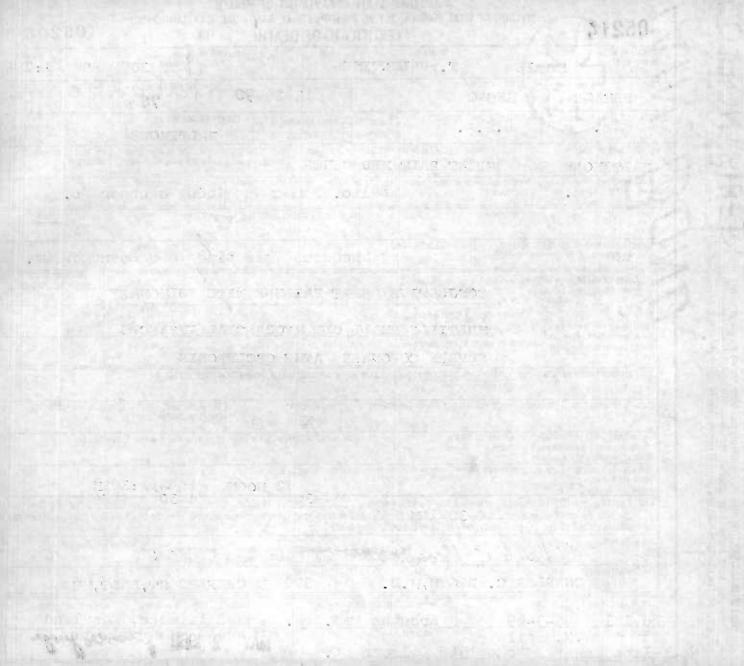


1 &	05211 Item6 FilmG411 4	DIVISION OF VITAL RECORDS	ND STATE DEPARTMENT OF 5, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	5203
neral and 2 death.	DECEASED-NAME First (Type or print) Joseph	Middle nine R	lost Trombetta	20. DATE OF DEATH April 16 Day	26. HOUR 7 A
3.	Female	4. RACE White	S. DATE OF BIRTH October 6		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
(C.S.)	o. BIRTHPLACE (Stote or foreign auntry) Italy	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	M
In any event, within 7	O. CITY OR TOWN OF DEATH Towson	11. NAME OF HOSPITAL OR give street oddress) HOLLY HILL	NSTITUTION (If not in haspital 12a. US Nursing Home during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
in 2 A	Bo. USUAL RESIDENCE (Where deceose dmission) STATE Maryland	d lived/ if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER NO 5511 North Ch	narles St
1, 1	4. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
/	Biagg 60. WAS DECEASED EVER IN U.S. ARMI		Philomena YNO. 117. INFORMANT	Address	?
1		ror dates of service) 214-36-7		Lucas 1564 Dells	way Road 2120
	18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s	Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O	tsel CNS	derease	10 4
	rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE C	F		
		DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
TICLESTION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY? , YES \(\sqrt{Ng} \)	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year) P.M.	or 19	nter noture of injury in Port 1 or Part 2, 1	tem 18.)
1	21d. INJURY OCCURRED 21e. I While Not while at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Tawn	County State
	22a. I certify that (I) (this	haspital) attended the decec ve an(I) (we) (did) (did nat) view th	19 67, and that in (my) (aur) a	pinian death accurred on the da	b, that (I) (we) la te and hour ond from th
2	22b. SIGNATURE Manus	ce Fildman	DEGREE PHYS.	MED. STAFF PHYS.	DATE SIGNED /69
		ce Feldman Jr M.I	The state of the s	610 Cross Country Blog. Baltimore, N	Blvd Maryland
	30. BURIAL, CREMATION, 23b. D REMOVAL (Specify) 4/	19/69 New Ca	f CEMETERY OR CREMATORY athedral	23d. LOCATION (City or Town) Baltimore, Mary	
2	Leonard J Ruck	Inc. Baltimore,	larviand .	By REGISTRAR 25b. REGISTRAR'S	SIGNATURE Quitage

12 1		05212	DIVISION (F VITAL RECORDS,	301 W. P	RESTON STREET, BALL	HEALIH IIMORE, MAI	RYLAND 21201	5204	
certificate be executed within 24 hours after death. a physician and campletely filled in by the funeral then please remave carbon papers. Pages 1 and 2 mayal, and in any event, within 72 hours after death.		DECEASED-NAME First Type or print) TAMES	ED-NAME First Middle or print) JAMES D.		Middle Lost TRUMAN S. DATE OF BIRTH		20. DATE OF DEATH $4 - \frac{\text{Nonth}}{2} - 69$		Yeor	2b. но алм 1:35м
		MA LE						6. AGE (In years		IF UNDER 24 HRS. HOURS MIN.
		BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					
within 24 the same same same papers within 72		CITY OR TOWN OF DEATH	11. giv	NAME OF HOSPITAL OR IN: ve street address) GRTR.BALT(STITUTION (If m	nat in hospital 12a. USU	AL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF E	Md. BUSINESS OR
s executed withing and campletely fremave carbon nany event, with	10.	. USUAL RESIDENCE (Where decease nission) STATE MD.	d lived, if insti 13b. COUNTY	tutian: Residence befare	13c. CITY OR	TOWN 13d. INSIDE CITY	. [7]	REET AND NUMBER		NE
ate be exercian and colease rema		FATHER'S NAME First JAMES		RVMAN			First MFER.	Middle S TRUM	An	Last
artificate b physician en please aval, and i	160	N. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (If yes give wa	D FORCES? r or dates of service)	16b. SOCIAL SECURITY		INFORMANT EVELYN T	RUMAN	Address A L	BOUE	
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit permits. Then physicial be stated for use as the burial formation, arremaval,	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAL	BY: E CAUSE (a)	PNEUMONIA		PYEMA			APPROXIM BETWEEN ON 24 F	MATE INTERVAL NSET AND DEATH HRS.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	(b)	R AS A CONSEQUENCE OF CARCINOMAR R AS A CONSEQUENCE OF	A OF	THE LUNG			10 M	ONTHS
		last. PART 2. OTHER SIGNIFICANT CONG	(c)	BUTING TO DEATH BUT N	OT RELATED TO	O THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
		190. DATE OF OPERATION 196. C	ONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		YES, WERE FINDINGS CO OF DEATH?	NSIDERED IN CE	RTIFYING
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.A	ń. 19		OW INJURY OCCURRED (Ente	r nature af injur	y in Part 1 or Part 2, It	em 18.)	
		at work at work				OCATION Street ar R.F.D. No		ar Town	Caunty	State
TENDIN ined by OR: After auld be		22a. I certify that (I) (this haspital) attended the deceased from 3-22-, 1969, to 04-17-, 1969, that (I) (we) last saw the deceased alive on APRIL 16 1969, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.								
L OR AIL y be reto DIRECT		22b. SIGNATURE 22d. PHYSICIAN'S	OL.	Smith, 11	DEGR	ATTENDING DEEP PHYS.	MED. DIRECTOR		ATE SIGNED IL 17,	1969
OSPITA NERAL ctor, pc	22.0	NAME (Type) RICH		SMITH, N		6701 N		ES STREET		IC
Page TO FL dire		BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR (A)	4/19/6	9 DAK ADDRESS	LAU	·K		N (City or Town)	(County)	(State)
VR A15 (4) 45M - 1 X85	1	onselle Fu	nerg	Anil	_	ACE DATE	7 1969	2Sb REGISTRAR'S	Judge	٠.

1	05213	IVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH		05205	
	CEASED-NAME First ype ar print) Willi	Middle A.	Lost Turek	2a. DATE OF DEATH 4 Month 13 Day	69 Year Zb. HOUR	
3. SE)	Male	4. RACE Caucasian	5. DATE OF BIRTH 7-29-0-3	6. AGE (In years last birthday) 9 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	
7o. B count	Baltimore 7th Baltimore	U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore (To	owson) Md.	
8 10. CI	Baltimore		TITUTION (If not in haspital oseph Hosp. 12a. USI	JAL OCCUPATION (Kind of work done gost of working life, even if retired.) Intenance-Sacre	12b. KIND OF 8USINESS OR INDUSTRY Heart	
13a. I admis	USUAL RESIDENCE (Where deceased ssian) STATE Maryland	lived, if institution: Residence befare 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY Baltimore YES X 1	TOTAL DITTE TO THE TOTAL DETE	Rectory Mill Road	
14. F	ATHER'S NAME First Vaclav	Middle Lost Turek	15. MOTHER'S MAIDEN NAME Katherine	First Rochac Middle	Last	
	WAS DECEASED EVER IN U.S. ARMED es, na, ar unknawn) (If yes give wor a	FORCES? 16b. SOCIAL SECURITY No dotes of service) 2 15-22-405		Address Turek, wife, ab	OVE	
	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause lost.	(b) GAS A CONSEQUENCE OF (b) GAMUE DUE TO, OR AS A CONSEQUENCE OF (c) COVO	Extensive Myon	CONDITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH	
CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings consider yes no					
₹	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Manth Doy Year) P.M. 19		er noture af injury in Part 1 ar Part 2, It	em 18.)	
	While Not while at work		(TORY.) 21f. LOCATION Street ar R.F.D. N		Caunty State	
	22a. I certify that (I) (this saw the deceased alivents couses stated above, (22b. SIGNATURE) 22d. PHYSICIAN'S	hospitol) ottended the deceose e anl l) (we) (did) (did not) view the l	9, and that in (my) (aur) appody after deoth.	med. STAFF DIRECTOR STAFF PHYS. 19 22c. D	that (I) (we) lost e and hour and from the ATE SIGNED 12:63 PM	
23o.	NAME (Type) BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)	
24. [REMOVAL Specify 4/2 FUNERAL DIRECTOR Chinsenek Fun	17/69 Holy ADDRESS Level Hong 333	1	BY REGISTRAR 2Sb. REGISTRAR'S		

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				. S Bienners Holle	
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IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service) Yes PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

Hour o.m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Port || of item | IB.)

(City or town)

(State) (County)

YES

WAS AUTOPS)
PERFORMED?

NO

(State)

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

24. FUNERAL DIRECTOR

a. COUNTY

3. NAME OF

SEX

DECEASED

(Type ar print)

21. I certify that (I) (this bestital) attended the deceased from saw the deceased alive an

ATTENDING M.D. PHYS

20e. PLACE OF INJURY (Hame, farm,

factory, street, office bldg., etc.)

22d. ADDRESS

DIRECTOR

1969, and that death accurred at 9,05 M, from/couses and an the date stated above

PHYS

22b. DATE SIGNED

23a. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) 1969 23c. NAME OF CEMETERY OR CREMATORY Baltimore National

20d. INJURY OCCURRED

Nat While

at wark

While

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Road .

2So. REC'D BY REGISTRAR

Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR:

director, page 3 should be filed v

be executed within 24 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificated

by the haspital or attending certificate has been

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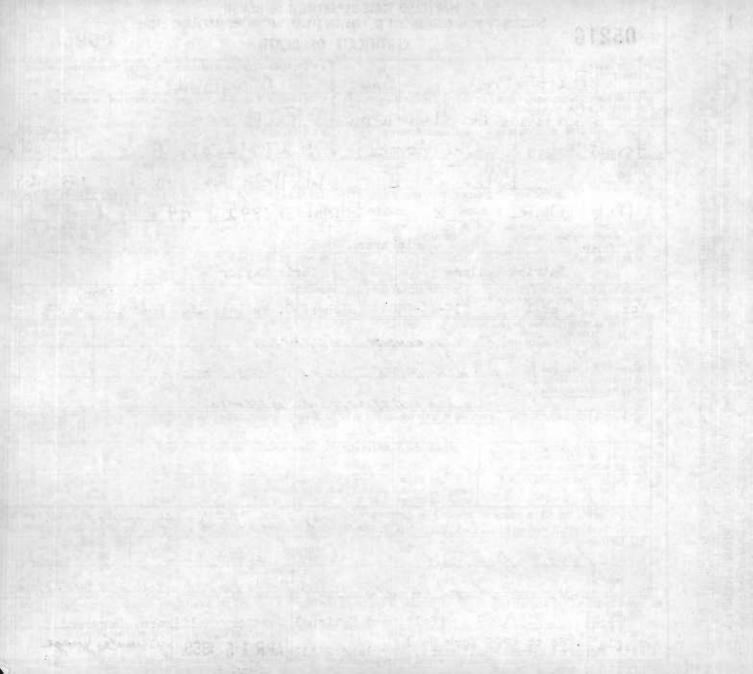
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23d. LOCATION (City or Town)

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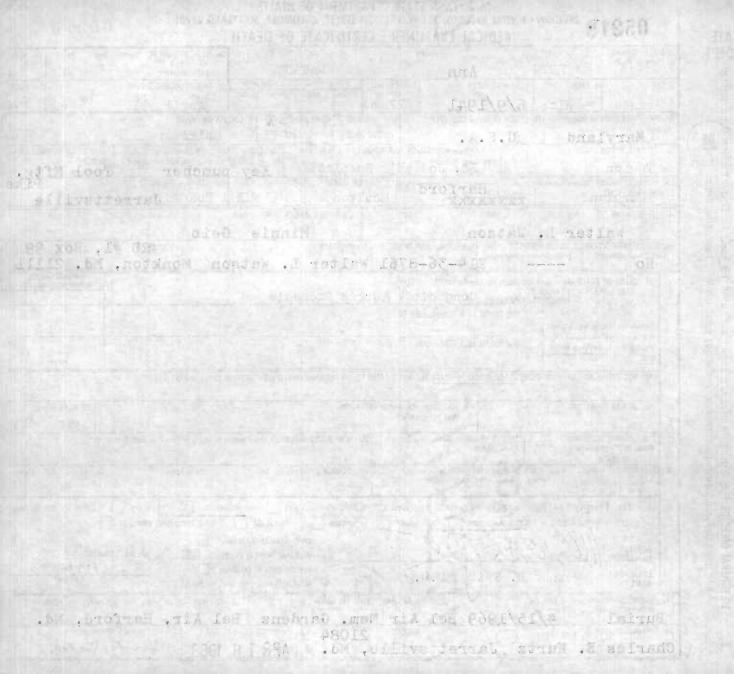
(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 2b. HQUR (Type or Print) B. Wartman Ann ESTI-2, and 3 to PM3. Poge DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAL 60 yp HOURS Female White March 1, 1909 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Poges 1, form country) Maryland Baltimore U. S. A. DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR MIN dunna most of werling life, even if retired.) give 20 5 Woodrow Avenue INDUSTRY Colgate 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY altimore 7205 Woodrow Ave. admission) STATE arvland the Chief Medical Examiner's Office of Colgate YES NO X 24 hours land 2 in Item 1 ofter 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Last First Middle Deitzer Oechsler John Margaret poges (Husband ADDRESS Balto. Md. 21224 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil be executed within Yes, no, or unknown) (If yes give war or dates of service) 213-26-3268 Charles H. Wartman Sr. 7205 Woodrow Ave. File APPROXIMATE INTERVAL any event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate cause (a), certificate should the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause = forworded ta removol, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 the certificate, writing 05 nsed CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? NO IX pe YES [should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL buriol, cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X Inquiry X ond in my opinion Notural couses X Accident . Suicide . death resulted from: Homicide | Undetermined monner CHIEF MEDICAL EXAMINER 4/28/69 22b. DATE SIGNED SIGNATURE 3724 Dundalk Ave. DEPUTY MEDICAL EXAMINER TO FUN. Health Theodore C. Patterson M. D. ADDRESS(Street, city, town, or county) Dundalk, Maryland NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE 4/30/69 Oak Lawn Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR John J. Duda. 7922 Wise Ave. Dundalk, Md. VR A15ME (5) 10M REV. 1/68

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Action Total Page 188			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05210 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN X Month Yeor 2b. HOUR (Type or Print) OF ESTI-2, and 3 to PM3. Page RUTH WATSON Department of Ann 19 4. RACE 3. SFX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) Month April Year 6/9/1947 female white 27 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olang with farm country) Maryland U.S.A. WIDOWED [DIVORCED [Baltimore the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) St. Joseph's Hospital during most of working life, even if retired.) **INDUSTRY** Towson Too. puncher 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission)r Valand Monkton YES NO X Box 99 Jarrettsville I ond 2 after 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Walter L. Watson Minnie Geib .⊑ ADDRERD #1. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Box 99 be executed within (If yes give war or doles of service) 214-36-8761 Walter L. Watson (Yes no, or unknown) Monkton, Md. 21111 72 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH the Chief Medicol PART I. DEATH WAS CAUSED BY Congenital Aortic Stenosis IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (o), certificate should ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊒. should be forwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NOX YES 🗍 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) pluods MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 10 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry [and in my apinian funerol director. death resulted fram: Natural causes XI. Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER XX 22b. DATE SIGNED SIGNATURE 4/12/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4/15/1969 Bel Air Mem. Gardens Bel Air. Harford. Burial 24. FUNERAL DIRECTOR **ADDRESS** 21084 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) Charles E. Kurtz Jarrettsville, Md. DAPR 1969 Minutes Judge 10M REV. 1/68



<i>y</i> 1	MARYLAND STATE DEPARTMENT OF HEALTH OF O 1 (3) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	(1) 6 1 3	5211
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Digital Mart S DEATH MATED ARR	1969 10 PM
delay and 3 M3s Ro	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years least birthday) 7. Months Days Hours Min. 8. Day Hours Min. 9. Day 9. D	Year 1969 2d. HOUR 1020
es 1, 2, farm P	7a. BIRTHPLACE (State or foreign country) Maryland U.S.A. WIDOWED DIVORCED 9. COUNTY OF DEATH Baltimore	
death with fe with fe	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired) INI	b. KIND OF BUSINESS OR DUSTRY
haves after death only year 18. Give Pages 1, 2, Office along with farm Pand 2 with the State Depager of the Company of the Co	Baltimore St. Joseph St. Joseph 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE M.D. 13b. COUNTY BALLO Baltimore St. Joseph 13d. INSIDE CITY LIMITS? YES NO	KD.
24 haurr 1 tem 1 office 1 and 2 1 s after	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	last linck
pag hau	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESQ ye tte Dolores Surridge 932 Country Club	sville, N.C.
xecuted ading in Medical E. permit. F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s certificate shauld e, writing the ward farwarded to the Cl e used as a burial-tra emaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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please execulations of the please execulations of the place of the pla	22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
TO DEPUTY necessary, the funeral 5 may be ra TO FUNERAL Health print	SIGNATURE EXAMINER'S NAME (Type) WILLIAM A. PILLSBURS ADDRESS (SPECK LIN) BWN, LANGUARY) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (SPECK LIN) BWN, LANGUARY) M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER ADDRESS (SPECK LIN) BWN, LANGUARY)	-17-69
01 101 H + H	Burlal (Specify) 4/21/69 Glen Haven Balto. Md.	aunty) (State)
VR ATSME (5)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNARY 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNARY 25c. REC'D BY REGISTRAR'	NATURE
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	05220		, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	05212
1.	DECEASED-NAME Fire (Type or print) MORR		Last WEINER	2g. DATE OF DEATH APRIL Month 23.	2b. HOUR 1969 12:10f
1	SEX M ALE	4. RACE WHITE	S. DATE OF BIRTH FEBRUARY 5,	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	. BIRTHPLACE (Stote or foreign unity) RUSSIA	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Mo
	CITY OR TOWN OF DEATH BALTIMORE	give street address) MT LFORD MANO	OR NURSING HOME	AL OCCUPATION (Kind of work done nast of working life, even if retired.) BROKER	12b. KIND OF BUSINESS OR INDUSTRY INSURANCE
ad	mission) STATE MARY LAN		BALTIMORE YES N	□ 3600 LIBERTY	HEIGHTS AVENUE
	FATHER'S NAME First GERSHON	Middle Last WEINE		PHIE	Last ?
10	NO	e wor or dates of service)	MRS. ANNA BRAN	CH, 4402 OLD COU	RT RD. APT. D
	PART I. DEATH WAS CAUSE IMMEDITED TO THE CONTROL OF	DUE TO, OR AS A CONSEQUENCE OF	derminal P	n comanin	BETWEEN ONSET AND DEATH 2 day 9 - 5 a - 1
	rise to immediate cause (o) stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF		11. tus	12 years
CEDTIENCATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CED	OR CONTRIBUTING CAUSE OF DI	HOUR A.M. Month Day Year	r 19	er nature af injury in Part 1 ar Part 2	, Item 18.)
AAI	While Nat while at wark of wark		ACTORY.) 21f. LOCATION Street or R.F.D. No		Caunty State
ı	causes stated aba	this haspital) attended the deceas alive an 4/12 ve, (1) (we) (did) (did nat) view the	sed fram , 19_ .19_ .c.g and that in (my) (aur) ap bady diter death.	inian death accurred an the c	9 <u>65</u> , that (I) (we) las date and haur and fram the
	22b. SIGNATURE	ezenter, m		MED. STAFF 220 DIRECTOR PHYS. C	Alwales
		RAEL ZINBERG		NORTHERN PKWY.	wanteless!
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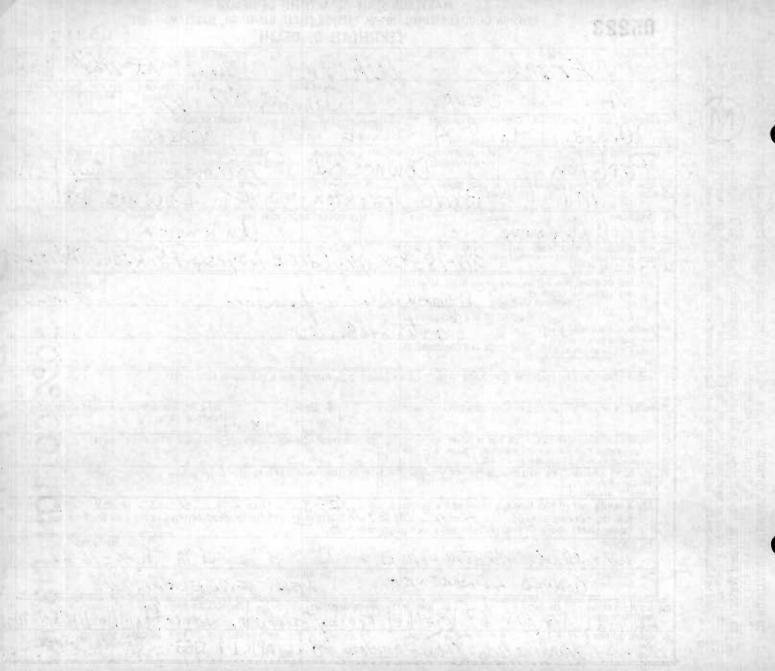
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			05222		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		5214
	thin 24 hours after death. y killed Imby the funeral people. Pages I and 2 Athin 72 hours after death.		. DECEASED-NAME First (Type or print) EDG.	Middle	WHITE	20. DATE OF DEATH	969 ^{Year} 2b. HOUR P . 9:45 M
	fter e funes 1 fter	4	3. SEX	4. RACE	S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS.
	y th Page		Male	White	11/10/1886	82 YRS.	ONTO TOURS MIN
	hou de se		o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	24 red) }	0. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED USU ISTITUTION (If not in hospitol 120. USU	BALTIMORE AL OCCUPATION (Kind of work dane	Md.
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	and cam	764	4. FATHER'S NAME First CHARLES	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
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	equires that the death certificate be exemply signed by the attending physician and co burial-transit permit. Then please rema burial, cremation, or remaval, and in any		loo. WAS DECEASED EVER IN U.S. AR Yes, no or unknown) (If yes also	MED FORCES? MOLE dates of service) 16b. SOCIAL SECURITY 220 07 29		VA Hospital, Fort	Howard Md
	certi g ph hen nav			nly ane cause per line far (a), (b), and (c)		va noopiear, rote	APPROXIMATE INTERVAL
1).	attending permit. The	834	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) CARCINOMA	OF LUNGS AND BRONCE	HOPNEUMONIA	BETWEEN ONSET AND OFATH
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	equires that the physician. Signed by the burial-transit burial, cremat	9	last.	(c)			
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	ate ar us				21c. HOW INJURY OCCURRED (Ente	r nature of injury in Port 1 or Port 2, Iter	m 18.)
	pita pita pita ad fo		OR CONTRIBUTING CAUSE OF DEA	ner) P.M.	9		
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral je 3 shauld be detached far use as the burial-transit permit. Then please remove carbat peoples. Pages 1 and 2 led with the State Dept. af Health priar ta burial, cremation, or remayal, and in any event, within 72 hours after death.		While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			County State
	by there share share	00	22a. I certify that (X) (th	is haspital) attended the deceas	ed from <u>Mar. 5</u> , 19 6 19 69 , and that in (X y) (aur) api	9 , ta April 15, 19	69, that (W) (we) last
	R: 4		causes stated abay	e, (X) (we) (did) (dichark view the	bady after death.	inian death accurred an the date	and haur and tram the
	AT retai ECTO sho with		22b. SIGNATURE	0 0 10		ACD STAFF 22c. DA	TE SIGNED
	or be DIR ge 3	7	Wher	J. Hung w		MED. STAFF PHYS. 4/1	.6/69
	SPITAI 4 may IERAL ar, pa		22d. PHYSICIAN'S NAME (Type) ERHA	RD I. BUNYOR, M.D.	22e. ADDRESS VA Hospit	al, Fort Howard, M	id.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tall.		30. BURIAL, CREMATION, 23b, PEMOVAL (Specify)	DATE 23c. NAME OF Balti	CEMETERY OR CREMATORY more National	23d. LOCATION (City or Town) Baltimore, Mary	(Caunty) (State)
	VR A15	A)/W	4. FUNERAL DIRECTOR	4101 ESS	Edmondston Av 250. REC'D E	Y REGISTRAR 2Sb. REGISTRAR'S SI	
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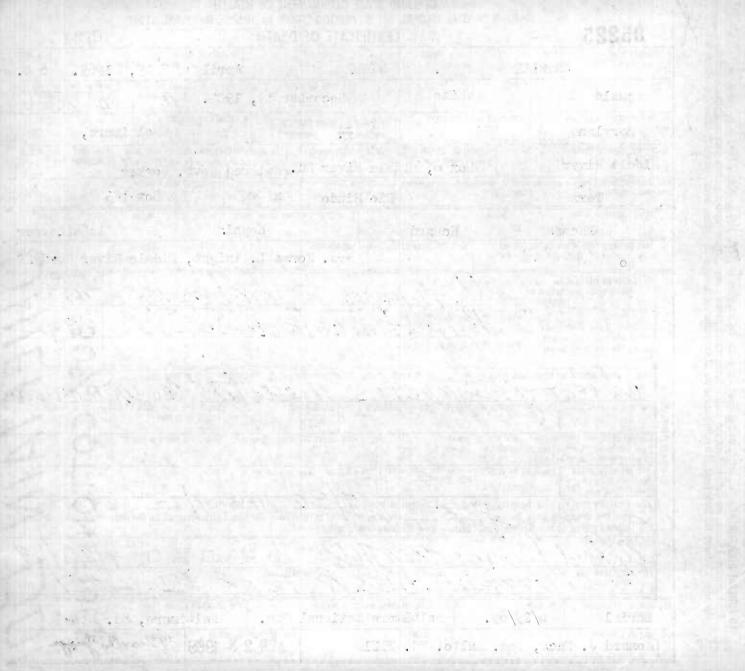
						STATE DEPARTMEN				
11	1		05000	DIVISION OF V	ITAL RECORDS, 30	1 W. PRESTON STRE	ET, BALTIMORE, M.	ARYLAND 21201		
A			05223		•	RTIFICATE OF D			0521	5
death.	funeral 1 and 2 er death.		CEASED-NAME ype ar print)	First	Middle	Uhite	20, DATE O	OF DEATH Month 5 Do	1964,81	S. W.A.M.
De executed within 24 haurs after death	fun gges 1	3. SI	× M	4. RACE	uc,	5. DATE OF BIRTI	23, 1878	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
4 haurs		7o.	RIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	1/1	MARRIED NEVER MARRIE		Balto.	_	Md.
ithin 2	ely filled bon pap within 7	10. 0	Par Jown of DEATH	11. NAM give stre	E OF HOSPITAL OR INSTITU	JTION (If not in hospital	12a. USUAL OCCUPATIO		12b. KIND OF E	
uted w	cart,		USUAL RESIDENCE (Where d	eceosed lived, if institution	: Residence before 13		I, INSIDE CITY LIMITS? 13e.	STREET AND NUMBER	0	1.
I A	and compression any even	14.	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAID	EN NAME First	Middle		Lost
	by the haspital at attending physician. After this certificate has been signed by the attending physician and come detached far use as the burial-transit permit. Then please remostrate Dept. of Health priar ta burial, crematian, ar removal, and in any	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	6b. SOCIAL SECURITY NO.	17. INFORMANT	vie Noves	Parkt	on Ma	1,21120
iti	ph) ova	4		~//	8 100121	11/13, 6311	10 100 103	1 101111	APPROXIM	VATE INTERVAL
9	attending permit. Th ian, ar remo		1B. CAUSE OF DEATH (Enti- PART I. DEATH WAS C		for (a), (b), and (c).)	0 - 0 - 1	+.		BETWEEN ON	ISET AND DEATH
eat	mit. ar r		IMI	MEDIATE CAUSE (a)	morear	ual enfo	releva		51	nin -
e d	atto perr an,		4109		A CONSEQUENCE OF	- 1			575	
±	the sit nati	120	Conditions, if ony, which g	ove) (b)	arten	osclerow				
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requir	unending priystoring has been signed by se as the burial-tran in priar to burial, crem		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT I	RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIV	/EN IN PART I(a)		
aw Sign	has been se as the h priarta	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED 20a. AUTOPS	Y? 20b.	IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
l e	spind of	FIG				YES [ES OF DEATH?		
E 5	ure hare hare hare hare hare hare hare ha	CERT	21a. ACCIDENT WAS UNDE	RLYING 21b. TIME OF I	NILIRY		RED (Enter nature of in	iury in Part 1 ar Port 2	Item 181	
SICIAN	of He	MEDICAL	OR CONTRIBUTING CAUSE C	NOT DEATH HOUR A.M. P.M.	Manth Day Year 19					
OR ATTENDING PHYSICIAN: The law requires that the death certificate	by the naspital frer this certifical be detached fai State Dept. of He	W	21d. INJURY OCCURRED While Nat while ot work	21e. PLACE OF INJURY (A	FFICE BUILDING, ETC.	2) 21f. LOCATION Street of	ar R.F.D. No. Ci	ly or Tawn	Caunty	State
ING.	tate tate		22o. I certify that (1)	(this hospital) atten	ded the deceased	fram 12-3	, 19_62, to_	4-15-, 19	69, that	(I) (we) last
TEND	OR: Af	4		ed alive an bove, (I) (we) (did) (d	lid not) view the bo	9, and that in (my) dy ofter deoth.	(our) opinian death			and from the
OR AT	DIRECTOR: A Should ed with the		22b. SIGNATURE	L. Bori	trev, m. [DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED $C - 16 - 6$	9
	rage 4 may be returned > FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) DO/	NALO L.A	BORTNER	22e. ADDRE	SW FRE	EDOM, F	PA-	
O HOSPITAL	rage 4 may be retained by the mashirat at 10 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. of Healt	230	BURIAL, CREMATION, PROMOVAL (Specify)	23b. DATE/18/69	Bethe	LETERY OR CREMATORY	ian Cem.	JON (City or Town)	(County)	Gra-Md.
	VR A15 (4) 30M REV. VS8		FUNERAL DIRECTOR	stous tori	MADDRESS ADDRESS	2 P 2	SO. REC'D BY REGISTRAR APR 1 7	1969 REGISTRAR	SIGNATURE	age.
	133	14	NA LAN	o de marienas	1/100/00	xext of 1 of 1	MIE		41	



	It	em23 phone Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	4	11/69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20, DATE KNOWN TO Moorte Day Year 2b, HOW
of Se o is	(Type or Print) WILLIAM P reston WHITLEY DEATH MATED WAY 9 199
Po 30	3. 5	EX 4. RACE S. DATE QF BIRTH 1067 6. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 26. DATE PRONOUNCED DEAD 2d HQUI
M3. de		m W RANKS MORES. 138 HOURS MIN MONTH Day Year 199
1, 2, 1m P	_	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED \$ 9. COUNTY OF DEATH
es l'farm	coun	Maryland U. S. A. WIDOWED DIVOKED BATCIMOTE
the ours ofter death. Office along with farm and 2 with the State Deotte.	10. (TOWSON 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. KIND OF BUSINESS OR during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
Give ang the th	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER #21234
them 18. G Office alon 1 and 2 with offer death	0	dmission) STATE Marylandb. COUNTY Baltimore YES NO K 8524 Oakleigh Rd. 2
hours Office ond 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 S S S		Harold Whitley Maureen Kathleen Johnson
Examiner's Office along File pages I and 2 with 172 hours offer death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (fes. ng. or unknown) (If yes give wor or dorles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Harold G. Whitley 8524 Oakleigh Rd. 21234
VIII		I ADDRAUMIT INTERIOR
0.=		18. CAUSE OF DEATH (Enter only one couse per live Tok(o) (b), ond (c).) PART I. DEATH WAS CAUSED BY:
e executed pending of Medical isit permit.		IMMEDIATE CAUSE (o)
0 5 5		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE TO Conditions, if ony, which gove)
should be en word "per or the Chief buriol-transit I in ony ever	9.	rise to immediate couse (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should word the Ch uriol-tra in ony		lost.
ficate shing the ded to to to os a but of to or a but of the first ord in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
is certificate e, writing the forworded is used os a semovol, oncompanies.	NO	
is certifice, writifications for wor en used removol	CERTIFICATION	196. CONDITION 19. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
P e o P	ERTIF	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Months Day, Year 21c. HOW INJURY OCCURRED (Safety acture of injury in Port Vor Poet-2, Item 18.)
# 5	MEDICAL (PRIMARY OR CONTRIBUTING 5, 200 cf 9 19 6 Manual Contribution States of 19 19 6 Manual Contribution of Contribu
(AMINER: e the cert e the cert e 4 should our files. oge 3 shourcremation,	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, / 21f. LOCATION Street or R.F.D. No. City or Town Sounty Stote
XAA te t ge 4 your		WHILE AT WORK AT WORK foctory, office building, ex.)
ICAL E executor. Page for CTOR: Formal, burnial,	100	22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔲, Inspection 📆, Inquiry 🔲, and in my apinia
Se e ctor ctor ned ECT	199	death resulted fram: Natural causes . Accident . Suicide . Hamicide ., Undetermined manner .
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essary, property on be roll on be roll on the price of th		SIGNATURE AND ASSISTANT MEDICAL EXAMINER (220. DATE-SIGNED)
necessary, the funero more may be more may		EXAMINER'S NAME (Type) Charles F. O'Donnell ADDRESS(Street, city, town, or county)
To D The S T	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
A.		Burial 4-11-1969 HOLLY ALL Memorial Gardens Middle River, Maryland
Ko	-	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	W	m. Cook-Brooks Towson 1050 York Rd. 21204 APR 10 1969 Hollandes June 1

Control of the second s General Hissory and March 1982 (1984) the Year has been been as in 1000 A A THE RESERVE AND THE PARTY OF

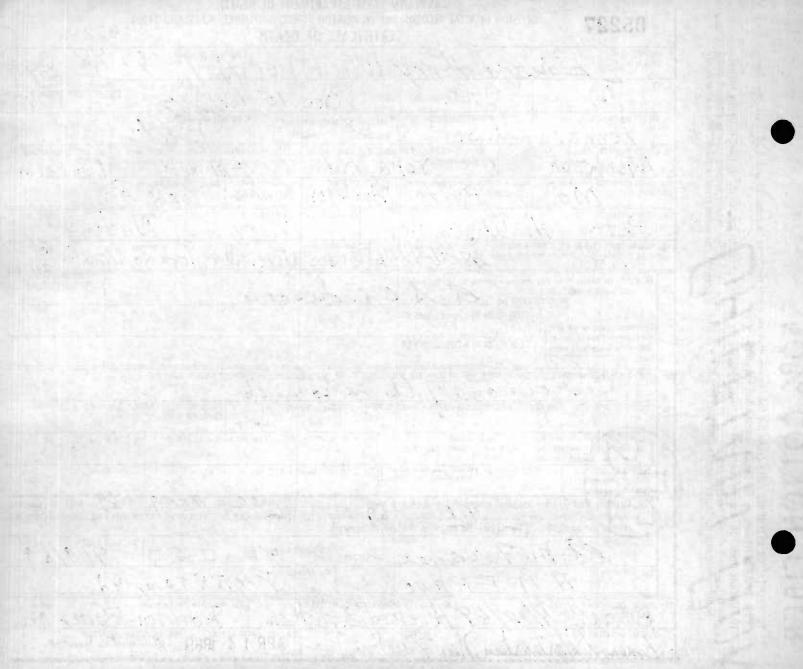
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05217 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR and 2 death. executed within 24 haurs after death Manth 25 and campletely filled in by the funeral remave carban papers. Pages 1 and n any event, within {2 hours after death (Type or print) ESTELLE WIGHT April A. M 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IE UNDER 24 HRS. 6. AGE (In years White Female last birthday) December 19, 1902. 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Baltimore. USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Retired Govt. Worker INDUSTRY Middle River Middle River Rd. burial, crematian, or remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Texas 136. COUNTY YESTE NO Box 103 Rio Hindo 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Sophia Howard Eichelberger Thomas physician ien plegse 16b. SOCIAL SECURITY NO. 17. INFORMANT requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na or unknown) [(If yes give wor or dates of service) Mrs. Norma L. Knight, Middle River Road#20 attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying cause PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR:CONDITION GIVEN IN TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while of wark 22a. I certify that (I) (this haspital) oftended the deceased from 1 1969 and that in (my) (our) apinian death occurred an the date and have and from the saw the deceased alive an 4115 causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (Caunty) (State) REMOVAL (SOPCIFY) 4/29/69. Baltimore National Cem. Baltimore, Md. 30M REV. TY 68 Leonard J. Ruck, Inc. Balto. Md. 21214



/ 1	I	tem2a F	ilm Clara	OF VITAL P	ARYLAND STA ECORDS, 301 W.	TE DEPA	RTMENT OF	HEALTH	(LAND 2120	11			
FOR STATE	4/	14/69 k	k 0522	6 MEDI	CAL EXAMIN	ER'S CE	RTIFICATE	OF DEATH			05	5218	3
HEALTH DEPT.		CEASED-NAME Type ar Print)	First		Middle		Lost		2a. DATE KI	NOWN Ma	inth Day	Yeor	2b. HOUR
3 to Soge of			ERMA		WILLI			WILL	DEATH N		/3	19 6	4
delay and 3 M3. Po	3. SE	X Male	4. RACE White	S. DATE OF BI	22, 1909 5	0 "	MONTHS DAYS	HOURS MIN.	2c. DATE PRO	ONOUNCED DEAL Day		ear 1969	2d. HOUR 1:25
PM PM	70. E	BIRTHPLACE (State		. CITIZEN OF WI		1103.	RIED NEVER M	ADDIED TO GO	OUNTY OF DEAT		3,	1909	A.N
e D		^{try)} Mary		U.S.A				ORCED 7. CO		LTIMOR	E		M
18. Give Pages 1, ce along with farm		ITY OR TOWN OF		9 Be	iame of hospital or Prefinition e G	en. Ho	spital	during most Bar	occupation (Ki of working life tende:	e, even if retire	ne 12b. Ki d.) INDUST	IND OF BUSI TRY	NESS OR
0 0 0 N	13a. ad	USUAL RESIDENCE Imission) STATE	Md •	lived, if instit	ution: Residence befo Carroll		ville	3d. INSIDE CITY LIMITS? YES NO		and number			
hours Office office	14. F	ATHER'S NAME	First	Middle			IS. MOTHER'S MA	IDEN NAME First	t	Middle		Lost	
	1/2 1	MAC DECEASED EV	Paul ER IN U.S. ARMED FO	M.	Will 166, SOCIAL SECURITY		INFORMANT	Luc	ina	ADDRESS	uckin	nghar	n
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages action, ar remayal, and in any event within 72 haurs		es, no or unknaw		ar or dates of service)	091-16-			enesta M	477	Same	Ac #	10	
should be executed will ward "pending" in perthe Chief Medical Exarurial-transit permit. File in any event within 72				one (guse per	line far (a), (b), and (HID. U	elleva w		Dame		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
cute ng" dical with	12	PART I. D	PATIL MILLE CALLERY	DM	pertensiv		arterio	sclerotio	c cardi	.ovascu	lar	ETWEEN ONSET	AND DEATH
oe execute "pending" ief Medical nsit permit		412	2	1,	AS A CONSEQUENCE			1.197		diseas	e		
d be d "p Chief rrans	13	rise to immed	nγ, which gave iate cause (a),	(b)	R AS A CONSEQUENCE	0.5							
should be e ne ward "per ia the Chief I burial-transit I in any even	×	stating the un last.	derlying cause	DUE TO, OI	C AS A CONSEQUENCE	OF							
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ifica iting ardec d as al, a	N												
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IER: This certificate, auld be falles.	CERTIF	21a. EXTERNAL (CAUSE WAS	21b. TIME OF	INJURY Manth, Day, Y	eor 21	. HOW INJURY O	CCURRED (Enter not	ture of injury in	Port 1 or Port	2 Item 18	t-mark	NO 🗌
ertif ertif suld ss. on, o	MEDICAL	PRIMARY OI	R CONTRIBUTING	HOUR A								135	
	MED	21d. INJURY OCC	URRED 21e. Pl	ACE OF INJURY	(At hame, farm, street	, 21	LOCATION Stree	t or R.F.D. No.	City or	Town	Cour	nty	State
EXAM ute th ige 4 yaur Page , crem		AT WORK A	T WORK					ALTER TO					
cessary, please execute the certice funeral director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 shauld prior to burial, cremation,		and the second of the second			the remains descri			_	nspection [-		and in my	y apinion
JIX DICA		death re	sulted fram:	Natural cau	ses X Accide	ent [_],	Suicide,	Hamicide	-	rmined man	ner [_]		
ple retre		ACTUAL SIGNATURE	(lea	(8)	. 8			SISTANT MEDICAL EXAMI			DATE SIGNED		
5 5 9 D DK		EXAMINER'S	Charle	s S. Sp	ringate,	M.D.	DE	PUTY MEDICAL EXAM	MINER		ril 3,	, 1969)
	00	NAME (Type)	IION Lea	ATT	I an areas	or Crairyen		DRESS(Street, city, 1		*			
07 50 TO SH	230.	REMOVAL (Speci Buria	(6,4)	5/1969			Memor		d. LOCATION (C		(Count arro		tote)
	24.	FUNERAL DIRECT	OR		ADI	DRESS		2Sa. REC'D BY R		2Sb. REGISTR	AR'S SIGNAT	URE	11-1
VR A15ME (5)	C	. M. W	altz, Bo	x 241.	Sykesv:	ille,	Md.	DATE APR	7 196	9 000	ionles	Judg	J. P.

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		MARYLAND STATE DEPARTMENT OF HEALTH	
11-		05227 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5010
		CERTIFICATE OF DEATH	5219
death. nerol ond 2 death.		ECEASED-NAME Type or print) Edward Henry Winewiller April Month 9 Doy	2b. HOUR 5.30 P.M
s ofter the fur ages 1	3. S		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
4 hours ofter death. 4 in Dy the funerol serse Rages 1 and 2		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY) Penna 7b. CITIZEN OF WHAT COUNTRY WIDOWED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9.	Md
ithin 2 ly filled on pop within	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in has pital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY WAN FARM
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and con removing any	14.	FATHERS NAME First H. Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle NZY NZO	ling Last
physician green please non please noval, and its	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Ves, no, or valkhown) (If yes give war or doles of service) 28-36-7246 Grace Winemiller, York Rd. N	Jonkton, Md;
cert ng pl Ther mov		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and p(c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth cer ottending p permit. The ion, or remo		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. J. C. V. ALSONS	
offe de permon, on,		4/24 DUE TO, OR AS A CONSEQUENCE OF	
equires that the physicion. signed by the buriol-transit puriol, cremati		Conditions, if any, which gave rise to immediate couse (a), (b)	
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ujres nysic gned riol- riol,		OST. (C)	
requestion signatures of the signature o		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ow or to	TON NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
he I he I hos nos e os	CERTIFICATION	YES NO CAUSES OF DEATH?	
N: T or or or or or us		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Ite	m 18.)
CIA iffice all and the state of	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in Toy the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye corbon popers, Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 fronts after death	MEI	21d. INJURY OCCURRED While Not while at wark at wark.	County State
ING by the frer be d state		22a, I certify that (1) (this haspital) attended the deceased from 1950, ta HFF 9, 196	7 , that (I) (we last
TTEND ained I		saw the deceased alive an	
OR A be ret DIRECT		el-M. France DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	TE SIGNED 9/69
TO HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil		22d. PHYSICIAN'S NAME (Type) A.M. FRANCE 22e. ADDRESS PARKTON, 14	1
TO HO Poge TO FUI direct shou	L	BLIRIAL CREMATION, 23b. DATE 23c, NAME OF REMETERY/OF CREMATORY 23d. LOCATION (City-or fown) REMOVAL (Specify) 4/12/69 HereTord Saptist Cin. 23d. LOCATION (City-or fown)	Salto, - Md,
VR A15 41	24.	FUNERAL DIRECTOR LAND ADDRESS PROPERTY A	GNATURE AN CHECKE
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22d. PHYSICIAN'S NAME (Type) 22d. P	ifica nysic al, a	Yes, no, or unknown) (If yes give w	or or dates of service)	22 0 0 27	s Randal]	stown, Md.
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22d. PHYSICIAN'S NAME (Type) 22d. P	ng ng en s	= BEM	GN /448	GTENSIOI	Y	
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22d. PHYSICIAN'S NAME (Type) 22d. P	The affe	STIFE		/		
22d. PHYSICIAN'S NAME (Type) 22d. P	I or tate ar u		G 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2,	Item 18.)
22d. PHYSICIAN'S NAME (Type) 22d. P	Per	(If either, notify medical examin	ner) P.M.			
22d. PHYSICIAN'S NAME (Type) 22d. P	HYS has is ce ache ept.	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY, 21f. LOCATION Street or R.F.D. No.	city or Town	County Stote
22d. PHYSICIAN'S NAME (Type) 22d. P	te D	at work of work		1-23	1 2 10 11	10
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24. FUNERAL DIRECTOR 25b. REGISTRAR	A Short		06/1/1	. 10	220.	DATE SIGNED
24. FUNERAL DIRECTOR 25b. REGISTRAR	OR DE L	damu	el dall	DEDREE PHYS.	DIRECTOR PHYS.	4-14-69
24. FUNERAL DIRECTOR 25b. REGISTRAR	ITAL may tal (MUEL P. SC.	SLIAM De. ADDRESSTIE	RNOWD AVE PI	KESVILLEMD
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1	1	าะถวก	DIVISION O	F VITAL RECORDS,	301 W. PRE		ALTIMORE	, MARYLAND 21201	050	
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nin 24 hours filled in by th popers. Per	M	BIRTHPLACE (State ar fareign	7b. CITIZEN OF V	U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ALT IMORE		Md.
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ertificate be exe physicion and control and in any and in any	160	WAS DECEASED EVER IN U.S. AR/	MED FORCES?	16b. SOCIAL SECURITY 218 12 19	NO. 17. INFO		, VA I	Address HOSP. FT HOWA		
equires that the death certifice physicion. signed by the attending physicial-transit permit. Then plantiol, cremation, or removal,		1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI. Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: ATE CAUSE (o) _R DUE TO, OR (b)	Ine for (o), (b), and (c). IPTURED AN AS A CONSEQUENCE OF ARTERTOSC. AS A CONSEQUENCE OF	eurysm A	BDOMINAL	AORTA		APPROXI	MATE INTERVAL IMSET AND DEATH
The law requirent of the control of	CERTIFICATION		CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	X _C	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?		ERŢIFYING
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 than of the death.	MEDICAL	While of work at work 220. I certify that (be the sow the deceased of causes stated above 22b. SIGNATURE 22d Official S NAME (Type) JOHN	HOUR A.M. P.M. PLACE OF INJURY is hospitol) off live on (we) (did.) CLUCKER TALBE	Month Doy Year (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC tended, the deceose 30/69 ADDISCROP, View the RT, M. D.	ed from 27 9, ond the body ofter dec	INJURY OCCURRED (E	Na. 9, f. opinion de	STAFF PHYS. &	County . that	
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0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	05232 CERTIFICATE OF DEATH 05224
deoth.	1. DECEASED-NAME (Type or print) XXXXXXXX Antone NMI Yienger 20. DATE OF DEATH 4 Month 27 Doy 69 Yeor
the two ages is after	3. SEX 4. RACE White 5. Date of Birth 3-27-90 6. AGE (In years Funder 1 year Funder 24 Hrs. Months Days Hours Min. White
24 hours d in by the pers. Pag. 72 hours	70. BIRTHPLACE (Stote or foreign country) 75. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Balto. Co.
within 2 ely fille ban pay within	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Randallstown 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Line O Type 12b. KIND OF BUSINESS OR INDUSTRY Self Employed
cuted v complet ove carl	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md. 13b. COUNTY Balto. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 3547 Milford Mill Rd.
and co	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Unknown Rosenberger
entificate be executed within 24 physician and completely filled i an please remove carban paper aval, and in any event, within 72	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address 220-01-5372 A Grave Yienger
S PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth the hospital or ottending physicion. This certificate has been signed by the attending physician and completely filled in by the ritheral detached for use os the burial-tronsit permit. Then please remove carban papers. Pages rend e Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISCUSSED PLANT OF INDICATORY INSUFFICIONS AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISCUSSED PLANT OF INDICATORY INSUFFICION OF A CONSEQUENCE OF (c) DUE TO, OR AS CONSEQUENCE OF (c) DUE TO, OR AS CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1(o)
TO HOSPITAL OR ATTENDING F Poge 4 may be retoined by the TO FUNERAL DIRECTOR: After th director, page 3 should be dei should be filed with the State E	22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, thot (I) (we) last saw the deceased alive an, 19, and that in (my) (aur) apinion death accurred an the date and hour and fram the couses stated abave, (I) (we) (did) (did not) view the body aftendeath). 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED

26330 worked that the soft of ant the second of the . 70 Bally available like TOTAL AS TO A SWELD-WAY Disput Polymoney Wine - Perpender I harfford way 1/25 CAGE Parrage with indepted to trails and Texalestal My latitude State best and the contract of the contract of the contract of the contract of WATER CARRY and the Loring Deers SVE Liberty Road Click